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THE NEW SYDENHAM
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VOLUME LXXIV.



SMELLIE'S TREATISE
ON THE
THEORY AND PRACTICE
OF
M I D W I F E R Y.

EDITED, WITH ANNOTATIONS,

BY

ALFRED H. McCLINTOCK,

M.D., LL.D. EDIN., F.R.C.S.I., L.K.Q.C.P.,
HON. FELLOW OF THE OBSTETRICAL SOCIETIES OF LONDON AND EDINBURGH AND OF
THE AMERICAN GYNCOLOGICAL SOCIETY; EX-MASTER OF THE DUBLIN
LYING-IN HOSPITAL, ETC. ETC. ETC.

VOL. II.

THE NEW SYDENHAM SOCIETY,
LONDON.

MDCCCLXXVII.

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AUTHOR'S PREFACE.

THE following Collections are intended to confirm and illustrate the method of practice recommended in my former Treatise, or first volume upon Midwifery; and are placed in the same order observed in that performance, to which they have references, as well as to a series of tables,¹ to the number of thirty-nine, now ready for publication, which I have prepared, with a view to demonstrate and explain what otherwise might not be so well understood. These will, in some measure, supply the want of proper references in the former impressions of the first volume; though that defect is remedied in this edition.

Between the years 1722 and 1739, while I practised in the country, I took notes of all the remarkable cases that occurred in midwifery; but in London, since the year 1740 to the present time, I have been more careful and minute in forming a Collection, with a view to make it public.

From a great number of instances, I have selected only the most material, and such as were best adapted to the nature of my plan; for I was unwilling to tire the reader with a succession of parallel histories that contain nothing essentially different from one another.

In order to render the performance still more complete, I have taken from authors of the best authority a few extraordinary cases which seldom occur, as well as borrowed some medical transactions from the most approved modern physicians.

¹ A fortieth was added by the late Dr. Thomas Young, of Edinburgh.

From the instances of natural and tedious labours, the young practitioner will learn how to behave in the like occurrences ; and, above all things, to beware of being too hasty in offering assistance, while Nature is of herself able to effectuate the delivery.

Among the laborious cases, he will find a variety of examples, by which he will know when it is absolutely necessary to use the forceps. In my private practice, I have very seldom occasion for the assistance of that or any other instrument ; but I have often been called in by other practitioners to cases in which I have had opportunities to use it with success.

The forceps and fillet were contrived with a view to save the child, by helping along the head in extraordinary cases when nature was exhausted, and to prevent, as much as possible, the use of sharp instruments, when the mother's life was in danger. But if these expedients are used prematurely, when the nature of the case does not absolutely require such assistance, the mischief, that may ensue will often overbalance the service for which they were intended ; and this consideration is one of my principal motives for publishing this second volume.

In my first volume, among the improvements and alterations that have been made in the forceps, I mentioned a long pair, curved to one side, which I contrived several years ago, for taking a firmer hold of the head in the pelvis when high ; but I did not then recommend the use of them, because I was afraid of encouraging young practitioners to exert too great force, and give their assistance too soon. Of late, however, I have found them very serviceable in helping along the child's head, in preternatural cases, after the body and arms of the foetus were brought down, and it could not be delivered without destroying the child, by overstraining the neck and jaw.

On such occasions, they are more convenient than the

short and straight sort, because they take a firmer hold ; as will appear in the perusal of Tab. XXXV and also in Col. XXXIV of the third volume. They are also useful to assist the delivery of the head when separated from the body and left in the uterus. *Vide* also Vol. III. They may be likewise used in laborious cases when the head presents, though I find the others are more easily managed in the application (see Tab. XVI, &c.) ; and as I seldom have recourse to the forceps, except when the head is advanced in the pelvis, or, as the French term it, *la tête enclavé*, I commonly use the short kind.

Finding my Collection large enough to compose two volumes, I determined to publish one immediately, that comprehends the variety of methods practised in lingering and laborious cases, which occur much oftener than the preternatural, and are more apt to puzzle and perplex a young practitioner. This step I have been induced to take sooner than I at first intended, by observing that such a synopsis was very much wanted, to refresh the memory and direct the conduct of those who have attended my lectures.

The unsuccessful cases, communicated by correspondents, who desire their names might be concealed, are inserted as so many beacons to caution others from falling into the same errors and mistakes in the course of practice. As to the truth of these circumstances which I have related in my own histories, the reader must depend upon my veracity ; for I apprehend it is equally improper and unnecessary to mention the names of the patients, their place of abode, or the exact time of their delivery.

N.B.—Since the following cases were printed, I have seen a French translation of my first volume by M. de Preville at Paris, who has done great justice to the work ; and I wish the author may deserve the character which in his preface he gives him with that politeness so peculiar to his nation. He has likewise obliged the world with a print

of the instrument used by Roonhuisen, as we use a single blade of the forceps, to move along the head in laborious cases, according to the directions specified in my first volume, Book III, Chap. 3, illustrated in the 27th and 28th Collections of this second volume. This secret, he observes, is said to have been communicated towards the end of the last century, by the Chamberlens from London, to Ruysch, Roonhuisen, and Boekelman, at Amsterdam; and was lately purchased by de Vischer and Van-de-Paol, physicians of that city, who have published it for the benefit of mankind.

It is a single piece of iron, near eleven inches long, one inch in breadth, one eighth of an inch thick, and covered with leather; straight in the middle for the length of about four inches, and bent at both ends into a curvature, about three eighths of an inch in depth.

[This second volume of Smellie's treatise was first published in the year 1754, at the same time that a *third* edition of Vol. I made its appearance.

For the convenience of reference I have introduced an alteration in the numbering of the cases in this and the succeeding volume—an alteration which, without in any way affecting the arrangement followed by Smellie, or the order in which he placed his clinical histories, yet affords greatly increased convenience for referring to or finding any particular case. The change consists in numbering all the cases consecutively from first to last, so that by this number alone we can distinguish any case throughout the entire series. I have put titles to some of the cases where he omitted doing so, and in other instances have slightly altered the superscription of the case; but these are the only liberties I have taken with the original text.]

A COLLECTION
OF
CASES IN MIDWIFERY.

COLLECTION I.

OF THE SEPARATION, RIGIDITY, AND DISTORTION OF THE
BONES OF THE PELVIS.

(*Vide* Vol. I, page 80.)

NUMB. I.—*Of the Separation of the Bones.*

CASE I. *Separation of Sacro-iliac Articulation in Labour.*—In the year 1736, a woman about the age of thirty-five, being in labour of her first child, complained of a violent pain at the juncture of the ilium with the sacrum, on the right side; and, in time of the severest pains, imagined these parts were separated from one another with violence. This circumstance was not at that time attended to by the midwife, who delivered her after a tedious though natural labour; yet, even after delivery, the pain in this part exceeded all her other complaints. I was called on the fifth day, when I found the pulse quick, full, and hard, her skin hot and dry, the lochia obstructed, a difficulty in her breathing, a pain and induration in one breast; and she was totally deprived of rest by the anguish in that part of the pelvis. She immediately lost twelve ounces of blood from the arm, an emollient glyster was injected, and a large quantity of hardened fæces discharged. In consequence of these evacuations, her back, head, and difficulty

of breathing, were relieved; but the pain in her hip still continuing, warm stupes were applied to that part, and bottles of hot water to her feet; and I directed her to drink plentifully of warm barley-water. By these means she was thrown into a profuse sweat, resting well that night; and next morning the fever was abated, while the uterus yielded a copious discharge; the pain and induration in her breast was greatly diminished, and the milk began to run out at the nipples; so that the child, which had before made a fruitless attempt, now sucked with ease. The only circumstance that now hindered her from lying quiet, and sweating, was the continuance of that pain in the pelvis, which to allay, I prescribed an embrocation of the anodyne balsam, and the following bolus.

R *Pilul. Matth. gr. viii, Sperm. Cet. ʒi Syr. de Meconio q. s. f. Bolus, h. s. sumendus.*

[The *pilulæ Matthæi* ordered here and in many other places were sometimes called Starkey's pills, and *pilulæ pacificæ* in the old Edinburgh Dispensatory. The most important ingredient contained in them was opium, in the proportion of one grain to every eight or ten grains of the mass. The other ingredients were, according to the formula given in the old Edinburgh Dispensatory, Russian castor, English saffron, soap of tartar, and balsam of capivi.]

This she was obliged to repeat every night, and sometimes oftener, in order to procure rest and maintain the necessary diaphoresis; and a glyster was administered every third day. Ten days elapsed before she could be moved out of bed, and twice that time before she could sit up in a chair. When her right leg was moved, her sensation was such as if the ilium and sacrum of that side were torn asunder; and with my hand upon the part I could perceive a sensible motion in these bones. At the end of the month she was not able to walk or stand, without being supported under the right arm, by an assistant or a crutch, and continued in that situation five or six months; after which she

found such benefit from the cold bath, that she could walk with the assistance of a cane. She had several children afterwards, and her labours were easy; but they commonly in some degree, affected that part, which never recovered its former strength and stability.

CASE 2. *Separation of the Pubic Joint.*—Communicated
by Dr. SMOLLETT.

[At page 10, volume I, I have mentioned the reasons for supposing that the Dr. Smollett who communicated this case to Smellie was Tobias Smollett, the celebrated author of ‘Roderick Random,’ ‘Peregrine Pickle,’ &c. &c.]

In the year 1748, a gentlewoman about the age of twenty-seven, of a very slender make, thin habit, and lax fibre, was, in the eighth month of her first pregnancy, incommoded in her walking by a pain and crackling about the pubes, which when I examined, I felt a surprising relaxation of the ligament that connects the share-bones; insomuch that, while she lay in bed on one side, I could easily move them in such a manner that they seemed to ride each other; however, she felt no great inconvenience from this preternatural extension, which certainly widened the pelvis for the more commodious passage of the child; and the ligament gradually recovered its tone; so that, in two months after her delivery, the ossa pubis were as firmly united as ever.

Although I myself have never perceived such separation in the bones of a living subject, Dr. Lawrence once showed me the pelvis of a woman who died soon after delivery, in which all the three bones were separated almost an inch from one another. I likewise saw the same phenomenon in a pelvis belonging to Dr. Hunter. Spigelius, in his *Anatomy*, Lib. II, cap. 24, says, he has seen such a relaxation, which, however, he observes, very rarely occurs. Dr. Monro, who, in his *Osteology*, quotes this author and some

others, owns he had never met with this kind of separation, either in the course of his practice or dissections ; yet has had reason to suspect a relaxation of the ligaments connecting the ossa innominata and sacrum, in some women of a delicate make, who, after hard labour, complained of pain, weakness, and a sort of jerking motion in this place ; and though nothing extraordinary was perceivable by the touch, could neither sit nor stand without pain for the space of several months ; nay, the weakness continued for a much longer time, during which they imagined themselves always sinking down between the haunch-bones.

[In 'The Obstetric Journal' for November, 1876, a case is quoted (from 'The Boston Medical and Surgical Journal'), in which the symphysis pubis of a primipara, aged 42, ruptured under extraction with Simpson's long double-curved forceps. Four weeks after delivery complete separation of the pubes was found to exist. There was a space of two inches between the ragged edge of bone on the right side and the torn ligament and cartilage on left, with laceration of anterior wall of bladder and a rent into the vestibule. How far the production of this rupture was due to the action of the forceps is an important question ; but it does not appear that any extraordinary or unusual force was applied in using it.]

NUMB. 2.

CASE 3. *The Os Coccygis ossified and bent inwards.*—I have of late, in a particular manner, examined the os coccygis, especially in laborious cases, and in women who were turned of thirty before the birth of the first child ; and have found it actually ossified in two patients, the first turned of forty, and the other about the age of thirty-three ; but in neither of these cases could I perceive that this rigidity retarded the labour ; for, in both, when the head of the child came down to the os externum, it passed along, and the women were as easily delivered as those in whom the coccyx is moveable, though both children were of an

ordinary size. The coccyx and ischia being much lower than the pubis, the back-part of the head is commonly pushed out below the last, by that time the forehead is pressed against the coccyx; for, in measuring from the brim of the pelvis, we find that the pubis, being much shallower than the other bones, allows an easy passage for the occiput to come out from below the same; for which reason an ossified coccyx seldom prevents the delivery, unless the head is larger than common, or the coccyx is bent inwards in an extraordinary manner. *Vide* Tab. I, II, and IV.

NUMB. 3.—*Of the Narrow and Distorted Pelvis.*

Although cases of this kind are more naturally inserted among the operations of Midwifery, I shall mention a few in this place, in order to preserve the regularity of our plan.

The most common distortion of the pelvis is from the protrusion or jetting forwards of the last vertebra of the loins with the os sacrum, and sometimes of two or three of the lowest vertebral bones. I have been concerned in a few cases, and in particular was called to three women in whom the pelvis was so narrow that the distance between the lowest vertebra and the pubis did not exceed two inches and a half. The first I delivered four times; but found it impossible to save any of the children except one, which was small, and even in that the shoulder was dislocated. *Vide* Collect. XXXIV and the third Table of my anatomical prints.

The second was twice delivered by another gentleman, and three times by myself; and only one child was saved, by being born in the eighth month, of a very small size. Both these patients were small in stature, and distorted in

the spine. The third, who was a tall woman, but had been ricketty for two or three years in her infancy, I delivered three times with great fatigue, but could save none of the children, which were large. At last, however, she bore a live child in the seventh month. *Vide* Coll. XXXV, also Tab. XXVI and XXVII. I have been called to several others where the pelvis appeared at that part not to exceed three inches, or three inches and a half. When the children were large, it was impossible to save them, either by the forceps or by turning; but when I was called in time, and found them small, or even of a middle size, the patient was commonly delivered by one of those methods, if the labour-pains were not sufficient.

I have been several times bespoke to attend women in their first children by their friends, who were apprehensive that they would have difficult or dangerous labours, because they were distorted in their backs. Eight patients, in these circumstances, did I deliver in the year 1748, and six of them had easy natural labours; the other two were more difficult, which proceeded from the large size of the children, and the small make of the mothers. In a few cases, I have found one or two bones of the sacrum jetting inwards to such a degree, that the head of the child passed with great difficulty; in two of these I used the forceps, and at one time was obliged to dilate (*perforate*) the bones of the cranium, as the lower ends of the ossa ischia were scarce three inches asunder.

COLLECTION II.

OPERATIONS PERFORMED UPON THE EXTERNAL PARTS OF GENERATION.

(*Vide* Vol. I, p. 97.)

Preternatural Size of the Nymphæ.

CASE 4. *Enlargement of one Nympha.*—In April, 1733, I was called to a young woman who, by a fall from a hay-loft upon a post below, had bruised the labia pudendi; besides an inflammation of the parts, I found one of the nymphæ so preternaturally large, as to hang down three inches without the labia. Her mother was surprised to see such an extraordinary excrescence, which the daughter had concealed from her knowledge, and desired me, after the inflammation was removed, to remedy, if possible, this inconvenience, as the girl was to be married in a little time. The excision was accordingly performed with great ease, as that part next the labia was very thin. The patient could recollect no cause to which this excrescence might be owing; but said she first perceived it when she was sixteen years of age; that it gradually enlarged, and frequently gave her great uneasiness, by itching, and being subject to pricking pains. The outward edge and extremity was about an inch thick, extending two inches from the upper to the under part. The cause did not seem to have been venereal, but merely a swelling of the glands.

CASE 5. *Extirpation of Hypertrophied Nymphæ.*—In

the year 1722, I was present at the extirpation of the nymphæ, which were excessively large and pendulous, in a woman who alleged that the disorder proceeded from a venereal taint, of which she had been formerly cured.

Mauriceau, in Observation 313, mentions his taking off by ligature an elongation of the carunculæ myrtiformes.

CASE 6. *Obstructed Hymen. Operation.*—In the year 1727, a woman brought her daughter from the country for my advice. She had been a year married, and, in her own opinion, was in the eighth month of her pregnancy, although she was regular in the discharge of the catamenia. She affirmed she had frequently felt the motion of the child, and was grown much bigger than her ordinary size. I examined the abdomen, but could not feel the circumscribed tumour of the uterus; indeed she was corpulent, so that the belly was large, though soft. I then directed her to lean forwards on the back of a chair, and seating myself behind, attempted to examine the uterus by the vagina, when I found the entrance obstructed.

Through the persuasion of her mother, she consented to have the parts inspected; and being laid supine upon a couch, I separated the labia, when I perceived the hymen in form of a crescent, from the middle of which proceeded a kind of ligament attached to the lower part of the meatus urinarius, leaving a passage on each side capable of admitting a probe into the vagina, and of yielding passage to the menstrual discharge, but effectually obstructing the introduction of the penis. Having snipped this attachment asunder, I introduced my finger into the vagina, and felt the uterus rising up before it, as in the unimpregnated state, without any sensible weight or stretching of the part. From this circumstance I concluded, and assured her, she was not with child; then introduced a large thick tent, dipped in red-wine, and secured it with a bandage.

After this operation, she soon became pregnant, and has since been delivered of several children.

CASE 7. *Imperforate Hymen. Operation.*—In January, 1754, a woman brought to me a girl five or six years old, whose hymen was imperforate, though it had been twice opened by a surgeon, but the lips of the incision had united again.

I made an opening in the same place with a bistoury, which I gradually dilated, first with my little-finger, and then with the fore-finger, until I could touch the os uteri; then, snipping with a pair of scissors a small portion of the hymen that remained next to the frænum, I introduced a large tent, which was kept in the part by compresses and a proper bandage.

Hildanus, in Centuria 3, Observ. 60, gives three examples in which the passage was shut up by a membrane.

The first was a girl of sixteen, who was once a month seized with violent pains in her belly, faintings, headaches, and sometimes epileptic fits; which, on a copious bleeding at the nose, vanished, and did not return till the next period.

She had refused several advantageous matches in consequence of these infirmities; which being communicated to our author, he inspected the pudenda; and, finding the vagina shut up by a strong membrane, he directed an incision to be made; but the young woman being terrified at the thoughts of the knife, refused to submit to the operation.

The second was a young woman at Paris, who being married could not admit the embraces of her husband; and he, on that account, sued for a divorce; but, as she suspected herself with child, several eminent surgeons examined the parts, and found the entrance to the vagina shut up by a strong callous membrane, in which were small openings, sufficient to allow the menstrual discharge.

This membrane being dilated, the proper pessaries and applications used to keep the passages open, the husband was satisfied, and the woman was in six months safely delivered of a full-grown child.

Mauriceau likewise, in Observation 489, gives an account of a woman's having conceived, and being delivered of a child, though the hymen had not been broken in coition.

The third case of Hildanus nearly resembles the following, communicated by Dr. D. Monro.

CASE 8. *Retention of the Menses from Imperforate Hymen.*

Operation.—A girl of fifteen had all the symptoms of the menstrual discharge, which continued to seize her regularly every month, though nothing was evacuated from the uterus. When she attained the age of nineteen, her belly was considerably swelled; and finding a large tumour in her pudenda, she applied for relief to her father, who immediately perceived it was occasioned by an imperforated hymen. This he forthwith opened with a lancet, which was instantly followed by a discharge of about three pints and a half of blood, of the consistence of butter-milk, and colour of grumous blood, though without the least smell or fœtor; about half a pint of the same fluid was evacuated before morning, and the girl did well.

CASE 9. *Imperforate Hymen with Retention of the Menses.*

Operation.—Communicated by Dr. GEORGE MACAULAY,
Physician to the Lying-in-Hospital in Brownlow Street.

[The Dr. George Macaulay here mentioned was appointed to the British Lying-in Hospital (then situated in Brownlow Street) in the year 1751. There can be no doubt, therefore, that this is the same Dr. Macaulay mentioned by Denman as having been the first to practise—and with success—the artificial induction of premature labour. On this account the name of Dr. Macaulay deserves to be perpetuated along with the honoured names of Ambrose Paré,

Chamberlen, Smellie, and other great improvers of the obstetric art.]

About seven years ago, I was desired to visit a young woman, about nineteen years of age, of a large make, and full-breasted, who was in exquisite pain, and could not make water. Her belly being very much swelled, her pulse feverish, and her pains exactly resembling those of labour, I ordered her to be bled, a glyster to be injected, and prescribed some other medicines. Next morning, I was informed more circumstantially of her illness by her mother, who said she had been complaining for some months, though pretty well at intervals; but now there was something forcing down at her privy parts. In consequence of this information, I examined her in a cursory manner, because I had called in on my way to another patient, to whom I was sent for in a hurry; I found the belly very much distended, and, endeavouring to pass one finger into the vagina, felt what I then took to be the membranes, with the waters pushing pretty low down.

From this circumstance I concluded she was in labour, and left her for the present, after having intimated to the mother that a little time would, in all probability, determine the nature of her daughter's complaint. In my return I called again, and found the girl in exquisite agony, though matters were not at all advanced, during three hours which had elapsed in my absence.

Then it was I thought of inquiring whether or not she had ever undergone the menstrual discharge; when, being answered in the negative, I examined more carefully, and found what I had mistaken for the membranes was no other than the imperforated hymen protruded by some fluid as far as the external labia.

Having, upon this discovery, signified the only and certain means of cure to the patient and her mother, and they

consenting to the operation, I divided the thick strong membrane with a knife, and evacuated, as near as I can guess, two quarts of thick black blood. As it flowed out, and the great pressure was removed from the neck of the bladder, the urine was discharged, and the poor girl said she found herself in heaven.

She was afterwards seized with shiverings and faintings, for which I prescribed cordials and the bark, upon a presumption that the parts, from the long-continued pressure, might be disposed to mortification.

She recovered very fast, and was married in six months after the aperture was made.

[Had the Doctor's experience of such cases been more extensive he would not probably have been so hasty in pronouncing on the "certainty" of the means of cure. The patient ultimately recovered, it is true, but the "shiverings" and "faintings" would seem to indicate that her recovery had not been uninterruptedly good; and this might be attributed, perhaps, to the large opening in the hymen and sudden evacuation of a very large collection of retained menstrual fluid. Although dangerous or even fatal consequences have followed upon every mode of puncture, still I much prefer making a very small opening in the first instance, and allowing the discharge to take place very gradually; at the same time strictly confining the patient to bed for some days. In the only fatal case coming under my observation, a free incision was made in the hymen, and the catamenial fluid all discharged at once. The girl went on very well till the third day after the operation, when she got a rigor, and peritonitis ensued which proved fatal.

It is very difficult to account for the production of the alarming symptoms which this simple operation occasionally induces, and no satisfactory explanation has yet been offered.]

Ruysch, Tom. I, Observat. 22, says, he was called to a woman in labour, whose hymen was entire, and prevented the delivery of the child, by whose head it was distended. An incision being cautiously made, he perceived another

thick membrane farther in the vagina, which being also opened, the woman was delivered.

Saviard, *Observ.* 4, relates the case of a young lady whose vagina was obstructed by a membrane, which being cut, two pints of a stinking matter, of the consistence of lees of wine, were discharged.

He likewise gives an instance of the entrance to the vagina being so much contracted by the indiscreet use of astringents, that a probe could hardly be admitted; but this opening was enlarged upon a director, so as to admit a tent an inch and a half in circumference.

[A case, very similar to that mentioned above from Ruysch, used to be related by the late Dr. Haighton in his lectures upon Midwifery at Guy's Hospital, and the particulars of it are given in Davis' '*Obstetric Medicine.*' The lady had a cribriform hymen which, while completely obstructing the entrance to the vagina, yet allowed exit to the menstrual discharge, and of course afforded admission to some of the seminal fluid. A curious circumstance in the history of this case was, that the hymen was ruptured in her labour without any assistance of art; in fact, not supposing herself to be pregnant, she was unexpectedly confined at a wayside inn, without any attendance whatever.

The opening through the hymen permitting the occurrence of conception has sometimes been very minute: I have known it so small as scarcely to allow the passage of an ordinary probe; but wherever the catamenia can escape, there the spermatozoa may find ingress: but to suppose, with Harvey, Hildanus, Van Swieten, Ruysch, and Burns, that conception might be possible with an imperforate condition of the vagina, is a physiological absurdity.

The cases in which impregnation has taken place without any rupture of the hymen, are very numerous; even where the development of the hymen was such as to prevent penetration by the male organ.]

COLLECTION III.

OF THE THICKNESS OF THE UTERUS IN TIME OF
GESTATION.

IN the year 1747, and the following (*vide* Vol. III, Collect. XXXIX, Cases 430 and 431) I had opportunities of opening two women who had arrived at their full time, but died of violent floodings, before any assistance could be procured to deliver them. The membranes were still unbroke, and both uteri kept at their full extent by a large quantity of water. When I opened them, with intent, if possible, to save the children, I found each about a quarter of an inch thick. This is likewise the state of an uterus now in my possession, taken from a woman who died in the eighth month of her pregnancy, before the membranes were broke.

I have assisted in opening several women who died after delivery, in consequence of excessive weakness and violent floodings. When the uterus was not much contracted, it was not much thicker than that I have described; but, in those who died a few days after delivery from obstructions of the lochia and a fever, the uterus was contracted to a small size, and generally from one to two inches thick; I must, however, except one case of a woman, in 1752, who seemed to have been seven or eight months gone with child; yet the uterus was contracted to a small bulk, though, when stretched, it did not exceed the eighth or tenth part of an inch in thickness at the fundus. (*Vide* Dr. Garrow's Letter, Collect. XIII, No. 1.)

COLLECTION IV.

OF OBSTRUCTIONS OF THE CATAMENIA, THE IMMODERATE
FLUX OF THE MENSES, AND OF THE FLUOR ALBUS.

NUMB. 1.—*The Catamenia obstructed.*

CASE 10.—*Acute Suppression of the Catamenia.*—In the year 1724, a gentlewoman turned of twenty, who had always enjoyed good health and a regular discharge of the menses, happened, during that evacuation, to fall into a river in very cold weather, and was obliged to ride a full mile before she reached her home. By this accident the catamenia were entirely obstructed, and I was called to give my advice and assistance. When I arrived at the place, she had been in bed some hours, and complained of violent pains in her head and back; her pulse was quick, she breathed with difficulty, and seemed a little delirious. It was some time before I knew that the discharge was upon her when she fell into the water, consequently I was ignorant of the obstruction. She was immediately bled at the arm, to the quantity of twelve ounces; but finding no relief from this evacuation, she lost eight ounces more, and fainted away; the pains, however, and difficulty of breathing soon abated, and a profuse sweat ensued. This was encouraged by frequent draughts of weak white-wine whey; the pulse became more calm and regular, the delirium gradually ceased, she enjoyed a profound sleep, and next morning seemed to be in perfect health.

I was then informed of the obstruction; and, under-

standing she was costive, prescribed a glyster, which had a favourable operation ; that same evening I directed her feet to be bathed in warm water, and desired she might sit over the steams of it, so as that the vapour should foment her lower parts.

Next day she was gently purged with an infusion of senna and manna ; but the discharge did not return, although she was perfectly easy, and free from all complaints, but that of being low-spirited from the evacuations she had undergone. I recommended warmth, gentle exercise, and food of easy digestion, in hope that, as she was of an healthy constitution, nature would restore the regularity of the discharge. Nor was I disappointed in my expectation, at the end of four weeks, the menses appeared as usual, she was in a little time married, and has never since had any complaint of that nature.

It would be equally tedious and unnecessary to insert a number of such cases which have happened in the course of my practice. I shall only observe, that gentle evacuations, exercise, and a low diet, generally remove those obstructions in the first four or five months ; and, unless the fluids acquire a wrong turn by some other kind of irruption, such as a discharge of blood from the hæmorrhoidal veins, stomach, lungs, nose, and sometimes, though very seldom, through the hairy scalp, cuticle of the legs, and other parts ; I say, except when diverted by such preternatural hæmorrhagies, the menses commonly return, or else the patient is afflicted with those complaints which proceed from a weak and languid circulation of the fluids. In this case, the method recommended above must be altered, and the obstruction removed by medicines that quicken the circulation of the blood ; such as gentle emetics, bitter and aromatic infusions, preparations of steel, chalybeate waters, riding, and nourishing diet. . In a word, when the obstruction is owing to plethora, rigidity, or tension,

evacuations are proper ; but when it proceeds from a weak and relaxed habit of body, those things that nourish and strengthen the constitution are most effectual. Great attention is therefore required to consider these different circumstances, and experience to judge of the indication, especially as almost all the complaints of unmarried women proceed from the irregularity of this discharge.

During my general practice in the country, when my advice was solicited by female patients who laboured under either an obstruction, immoderate discharge, or irregularity of the menses, especially if the disorder was of long continuance, I succeeded best by following the methods recommended by the late learned Dr. Friend. I shall therefore, insert a summary of his cases, with regard to the symptoms and practice ; and refer the reader to his ‘Emmenologia’ for his theory of these distempers.

[The “learned Doctor Friend” quoted here and in other places by Smellie, was Dr. John Friend, a most accomplished scholar and eminent physician who died in 1728, and to whose memory there is a monument in Westminster Abbey. He was the author of several medical works, the most remarkable being his ‘Emmenologia, in quâ Fluxus Muliebris menstrui Phenomena, Periodi, Vitia, cum Medendi Methodo ad Rationes mechanicas exiguntur.’ This admirable essay is based on the mechanical doctrines so prevalent in the medical schools of that period, and which in a modified form have been revived of late years in uterine pathology. A very good biographic sketch of Friend is given in volume 2, of Munk’s ‘Roll of The Royal College of Physicians of London.’]

CASE I I.—*Amenorrhœa tardira*. (From Friend.)—October 26th, 1700.—A young woman, eighteen years of age, and till that time free from the menses, complained of a sharp pain about the loins, knees, and ankles. She also laboured under a dyspnœa, nausea, and gripings of the stomach : upon the least stirring, there was a palpitation of the heart. Her countenance was of a florid colour, her

pulse weak and slow. These symptoms had continued violent for almost six months. He first ordered the following cathartic :

R *Calomelan.* ℥j. *Resin. Jalap.* gr. v. *Tartar. Vitriolat.* gr. iv. *m. f. pulv. cap. mane in Conserv. Rosar.*

After the operation of the above medicine, she was ordered the following electuary and infusion :

R *Conserv. Absynth. Roman.* ʒij. *Æthiop. Min.* ʒj. *Chalyb. cum Sulphur,* p. p. ʒss. *Rad. Gentian. Curcum. puls.* ā ʒij. *Syr. Caryoph.* q. s. *m. f. Elect. cap. q. n. m. ter in die, hor. med. superbib. Cochl.* v. *infus. seq.*

R *Limat. Chalyb.* ʒiss. *infunde in Cerevisiæ tenuis* ℔iij. *per triduum, deinde adde Rad. Gentian. incis.* ʒss. *Rub. Tinctur. Curcum.* ā ʒij. *sumitat. Absynth. vulgar. Centaur. minor* ā mʒ. *Bac. Junip.* ʒss. *sem. Cardamom. Min. Cubeb.* ā ʒj. *mem. fiat infus. per diem. In colaturæ quolibet haustu cap. gt. xx. mixtur. seq.*

R *Sal. Armon. Eliæ.* p. p. ā ʒij. *m.*

He designedly omitted bleeding, because of the weakness of the patient.

28th.—In the afternoon, she complained less of her stomach, the pulse was stronger, and her strength much increased.

30th.—The menses came down of a laudable colour. The pain at her loins and ankles immediately vanished. The flux continued eight days, during which she was forbid the use of her medicines ; which being however repeated, after another week, the menses flowed regularly again at the next period, and the patient entirely recovered her health.

CASE 12.—*Amenorrhœa*. (From Friend.)—October 31st, 1700.—A woman about thirty years of age had not had the menses for the space of two years upon the detention of which she was seized with a dry cough, violent dyspnœa, palpitation of the heart, pain in the head, a vertigo, loss of appetite, indigestion, and inflation of the stomach; sometimes a vomiting, decay of strength, night-sweats, a vicissitude of heat and cold, and a trembling; and sometimes the blood broke forth at the nostrils. The pulse was very weak.

He says the indications of cure seemed to be three.

I. To restore a good digestion in the stomach.

II. To increase the impulse of the blood.

III. To relax the uterine vessels.

To relieve the pains and decay of strength he ordered the following cardiac:

R *Sp. Sal. Armon. Tinct. Croci. Laud. Liq.* ā ʒj. m.
gt. xxx. *sæpius in quovos vehiculo.*

By the use of these things, the pains very much abated, and her strength was recruited.

November 2nd.—She took the cathartic prescribed in the former case, which purged her six times, and eased the dyspnœa.

3rd.—She made use of the electuary and infusion described in the former case; not neglecting in the mean time the cardiac mixture. The following emollient fomentation was applied to the region of the uterus to relax the vessels:

R *Rad. Althææ, Lil. Alb.* ā ʒij *Sem. Lini, Fenugræc.* ā ʒiij. *Flor. Chamæmeli, Aneth.* ā p. j, *Marjoran. m.* j.
Bulliant ex vin. et aq. part. æq. Liquor sit pro fomentatione bis in die applicand.

8th.—The pulse was somewhat stronger, but hardly any change in the symptoms.

15th.—Nothing new, except that the appetite seemed to return, and the nocturnal sweats vanished.

22nd.—A whitish humour flowed from the uterus which ceased after five days. He remarks, that there is frequent mention among authors of pallid menses.

December 1st.—The symptoms, although much milder, were not however yet removed. The following purge was prescribed :

R *Pil. Ruf.* ʒss. *Resin. Jalap.* gr. iiij. *Ol. Sassafr.* gt.
j. *Bals. Peruv.* q. s. m. f. *Pil. mediocr.*

She likewise returned to the use of the electuary, infusion, and mixture; which being duly taken, the pulse grew stronger, and her strength was recruited.

19th.—The menses were brought down of a pretty red colour, which continued for three days. Upon their breaking forth, the symptoms were so much abated, that she complained only of some small difficulty in her breathing, and pain of her head. But repeating the infusion, her health, at the month's end, returned with the catamenia.

CASE 13.—*Amenorrhœa.* (From Friend.)—October 2nd, 1702.—A laundry-maid of sanguine habit, aged twenty-four years, caught cold, and by washing her legs in cold water, in time of the menses, they were wholly suppressed for the space of one year; yet without any remarkable detriment to her health; which he imagined proceeded from her hard labour and exercise. But at the year's end she was attacked with most of the symptoms as in the second case; only there arose a hard tumour on the tibia, for which he ordered a vein to be opened in the arm. As that did not relieve the tumour, he ordered a cathartic, and a bitter chalybeate infusion, with the emollient fomentation.

28th.—The purge was repeated, and the tumour became milder.

November 6th.—The pulse increased with the strength, and, to provoke the menses, the saphæna was opened.

11th.—The menses flowed in a small quantity. Her florid colour returned again, and the tumour, with the other symptoms vanished.

He gives three other cases. The first two had their complaints from the menses being irregular and in too small a quantity; but the third was that of a married woman about twenty-five years of age; she had a decrease of the menses for almost a year, but a total suppression for the three last periods. All these he treated according to their different complaints, but brought them regular principally by the use of chalybeate medicines.

I have had many patients, who, in obstructions of the menses, if they were attacked with discharges from other parts of the body of different kinds, either periodically or continued, have frustrated all attempts to bring back the catamenia, and prevented conception. If the discharges were from the lungs, stomach, and other viscera, they frequently proved fatal to the patients; if from the external parts, as hæmorrhagies from the nose, hairy scalps, legs, or issues in different parts, although they partly prevented the removal of the obstruction, yet they kept the patients in a tolerable state of health. Skenckius, in his ‘Observationum Medicinalium,’ Lib. 4, “De Conceptione,” page 613, gives several cases from different authors, of some women who conceived before they had the menses, others who bore several children and never had any such discharge.

Mr. Pearce, in the ‘Bath Memoirs,’ chap. xix, from p. 187 to p. 190, gives four cases of girls labouring under the chlorosis, or green sickness, who, after trying many medicines in vain, were cured by drinking the Bath waters, and frequently bathing in them.—*Vide* Hildani, Cent. 5, Observat. 41.

NUMB. II.—*Immoderate Flux of the Catamenia.*

CASE 14.—*Menorrhagia in a young Unmarried Woman.*
 —In the year 1732, I was called to a young woman about the age of eighteen, who was very much weakened by an immoderate discharge of the menses. She had been of an healthy constitution, and regular in her monthly evacuation for the space of a whole year; but, about six months before I saw her, she was, in time of the discharge, overheated with dancing; in consequence of which the menses flowed to such a quantity as threw her into fainting fits, so that she was obliged to be carried home and put to bed, where she was supported by a nourishing diet, and in ten days was free of the discharge. Yet, every three weeks after this period, she was attacked in the same manner, though in a less violent degree, and continued ill about the same space of time. By this excess of evacuation, she was reduced from a healthy constitution and florid complexion to a weak habit of body and pale visage; and, when I was called, actually lay in a swoon, occasioned by the great discharge; and her pulse, which at any time was low, I could now hardly feel. As soon as she could swallow, she took a draught of wine and water, in which fifteen drops of liquid laudanum were diluted; then she was put to bed, and in half an hour the violence of the discharge was considerably abated; when I introduced into the vagina a bit of sponge, dipt in a solution of alum, wine, and water. Having considered the case during this period, I directed her to take two spoonfuls of the following prescription, as often as the violence of the discharge should return.

R *Infusio. Ros. rub. ʒvj. Eliæ. Vitriol. Laud. liquid.*
ā gut. xv. m.

I likewise directed the sponge to be continued, and frequently moistened with this decoction.

R *Cort. Granat. Querc. Flor. Balaust. Ros. rub. ā*
ʒij. coquantur in aq. fontan. ad ʒvj. in colatura
solve alum. ʒss. et adde Vin. rub. ʒij.

[The *Flor. Balaust.* here ordered were the flowers of the wild promegranate trees, *balaustiae*, which were supposed to have tonic and astringent properties.]

Next day she was much easier, the discharge being diminished and of a pale colour; for drink I prescribed chicken broth, in which rice had been boiled, with asses milk, to be taken morning and evening; for diet, veal, chicken, bread-pudding made with whites of eggs; and for change of drink, barley-water in which gum arabic was dissolved, and water-gruel with eggs, in the manner of egg-caudle. Though she recovered her strength by this method, the discharge returned at the end of the three weeks, but not in such quantity, nor for such a length of time. I directed her to use the same regimen, with moderate exercise; and after two or three periodical evacuations of the same kind, she perfectly recovered her health and bloom.

The same method I have successfully used with a great number of patients, both married and unmarried, only varying the medicines and the diet, according to the violence of the disease and constitution of the patient; and occasionally prescribing the *Cort. Peruvian. Pilul. Gummos.* Spaw, Bath,^a and Bristol waters, the two last kinds especially, to be drank at the wells.

Those who are much weakened by floodings in miscarriages, or even in delivery, had sometimes, for two or three periods after, very large discharges, and were relieved by the means specified above.

What follows concerning the immoderate flux of the menses, is copied from Dr. Dale's translation of Friend.

CASE 15.—*Menorrhagia, dating from a Miscarriage some months previously.*—February 1st, 1702.—A certain woman, after a lying-in, was seized with an immoderate flux of the menses, which continued for six years; in the last two years the blood flowed almost daily, concreted sometimes into grumi of the bigness of an egg. She laboured under a very great weakness and drought, and was also sometimes feverish. A violent and continued pain in the abdomen and region of the uterus. She was seized with an anxiety at her heart, and sometimes also with a syncope. The pulse scarce perceptible. The intention of the cure seemed to be, after the stoppage of the flux, to restore the strength, which was extremely much decayed. But in checking the flux, since I thought proper to abstain from repellents, because their use seemed to be forbid, by the strength being so excessively weak, I trusted wholly to astringents, and them I ordered as well internally as externally.

R̄ *Cortic. Granat.* ʒss. *Rad. Tormentill,* ʒj. *Flor. Ros. Rubr. Balaust.* ā mʒ. *Coq. in Aq. Ferrar.* Lib. III, *ad Consumpt.* Lib. II. *Colatura sit pro fomentatione, bis in die parti affectæ tepide applicand.*

For her common drink she used the *Decoct. Alb.* in Lib. II, whereof were boiled cinnamon ʒij.

Internally was applied the *Tinct. Antiphthisica*, so much commended by Etmuller, drawn from *Sacchar. Satur.* and *Vitriolum Martis*, with *Sp. Vini*. Of the tincture, she took twenty drops in *Aq. Plantag.* several times a day. When her pain or watching was troublesome, she took twenty drops of *Laud. liq.*

Feb. 3rd.—The flux was stayed; and lest it might possibly return, the fomentation was repeated daily to February 6th. But the flux being thus restrained, the pain and weakness seemed now to be regarded. I took, therefore,

from the diætetetic medicine, broths and good nourishing foods; from the pharmaceutic, the following mixture:

R *Tinct. Croc. Laudan. Liq. Sydenh.* ā ʒij. *Camphor.*
in Sp. Vini ʒss. *Dissolut.* ʒj. *m. cap. gut. xxx.*
Sexies in die in Aqua Cinnam. fort. et Hord.
ā p. æ.

with which her strength was very much repaired and her pain abated.

8th.—A sort of membranous pouch hung down from the labia pudendi, which yet adhered so firmly towards the uterus, that it could not be extracted from the vagina. It had also a very ill smell; and indeed, at first sight, the inner coat of the vagina seemed to be fallen down; for I the less suspected it to be any remains of the placenta, because the woman denied that she had been brought to bed for six years. But when, upon considering the stink and the pain, I began to entertain some suspicion of a placenta, I thought it proper to examine into the matter a little more narrowly; and therefore inquired of the woman whether she had not miscarried since that lying-in. She confessed she had been with child about two years since, and that, being terribly frightened, as she returned home in the night-time through the streets, she had miscarried by the way; but that, after she was returned home, she sent for no midwife to examine whether anything was left in the uterus or not. From that time also the pain took its rise.

The disease having been thus inquired into, the indication seemed to be this; namely, to restore the force of the uterus and abdominal muscles, so that it might expel any remains of the placenta; and, because the mixture which was ordered her conduced very much to this end, she took forty drops of it several times in a day; by which medicine her spirits were so recruited, that, February 10th,

some part of the placenta was thrown forth, not only of a very strong smell, but plainly putrid.

11th.—Another portion was also thrown forth of the same ill scent. From that time there were no marks of that membranous substance within the vagina. In like manner also was the whole pain immediately allayed.

13th.—She so far recovered her strength, as to be able now to sit up for some hours, after having been confined to her bed almost a month. She made no complaint of anything but her weakness and loss of appetite. She took daily of her mixture, from which she found very great relief.

17th.—The flux returned; which I was unwilling to check, because I found it very moderate, and attended with no ill symptoms; for it appeared to be the natural and ordinary evacuation of the menses; which was therefore ended on the fourth day.

23rd.—That I might further provide for her strength, the following things were prescribed:

R Tinct. Cort. Peruv. in Vin. alb. Ibiss. Tinct. Croci Spec. Diamb. ā ʒss. m. cap. coch. 6 ter in die.

25th.—Her appetite was restored. Nothing was wanting to complete her health but strength; which, however, upon twice repeating the decoction, was also happily renewed.

[This is an interesting and well-marked case of detention of the secundines keeping up hæmorrhage; and so far it bears a close resemblance to Case 87, which occurred in Smellie's own practice. It is quite impossible, however, that the miscarriage from which the patient (in Case 15) dated her symptoms, could have happened so long previously as a year and nine or ten months. As she acknowledged to one falsehood, she was quite capable of a second; and I would not place her veracity against the general tenor of experience on such a matter. A few months, but no more, might have elapsed

between the abortion and the time of her coming under the care of Dr. Friend. It is interesting to note how soon the sanguineous discharges subsided, and her health began to improve after the expulsion of the decaying fragment of placenta.

Had the doctor instituted a careful vaginal examination in the first instance, he would probably have arrived sooner at a correct diagnosis. Even the presence of "the membranous pouch" did not open his eyes; and it was only "upon considering the stink and the pain" that the suspicion of a placenta flashed across his mind. At page 168 of Volume I, I have given some remarks upon the subject of morbid retention of the ovum or secundines.]

CASE 16.—*Menorrhagia*. (From Friend.)—September 10th, 1701.—A woman of a full habit, and who had been used to have too great a discharge of the menses, fell into an immoderate flux, from excessive exercise, so that the menses came down in a large quantity; at first, indeed, for six days, and afterwards for twelve.

When she had laboured under this indisposition the whole summer, her strength was very much cast down; she was often seized with a syncope and spasm; her feet swelled; her countenance almost hippocratic; the blood being very thin, did not flow *guttatim*, but, as it were, in a continued stream. When I first visited her, the flux had continued four days.

The indication, therefore, of the distemper required that the flux should be immediately stopped. That this might be effected, the same fomentation was applied as is described in the first case.

At the hour of rest, she took the following hypnotic:

R Trochisc. Gordon. ʒss. Laudan. Lond. gr. ij. Mucilag. Gum. Arab. q. s. m. Pil. exiguæ cap. 3.

By the use of these she slept very quietly.

11th.—The menses still flowing, this electuary was prescribed:

R *Conserv. Ros. Rubr. s. ʒj. Bol. Arm. Croc. Mart. astring. ā ʒj. Mastich. Ter. Japan. ā ʒij, Spec. Diatr. Santal. ʒiv. Syr. c Symplty. q. s. m. f. Elect. cap. q. N. M. 4ta quaque hora, superb. coch. 5. Julap. seq.*

R *Aq. sperm. Ranar. Plantagin. Cinnam. Hord. ā lbss. Syr. e Coral. q. s. m. f. Julap. cap. etiam ter in die. Spir. Vitriol. gt. 40 in quovis vehiculo. Repet. Foment. & Pilul. præscript.*

13th.—The flux still continued, although only *guttatim*; which yet, upon her duly taking the medicines, on Sept. 15th, wholly ceased.

Now, therefore, the whole method of cure seemed to turn upon this point, namely, to strengthen the vessels and prevent the rarefaction of the blood. To answer the first intention, the fomentation was every day repeated; the use of glutinants and balsamics seemed sufficient for the second; astringents being therefore set aside, the following method was pursued:

R *Decoct. Alb. lbij. Aq. Cinnamon. Hord. ʒiij. Sacch. Alb. q. s. m. cap. ʒiv. quater in die.*

R *Bals. Capiv. Polychrest. ā ʒij. cap. gt. xxv. hora decubitus in Conserv. Rosar. Rubr.*

Upon the taking of these remedies, after the interval of almost three weeks, Oct. 5th, the menses returned, and continued so for six days. But the last prescriptions being repeated the next period, the flux was terminated the fourth day: which stopping hitherto within the same space of time, the woman was thereupon perfectly recovered.

CASE 17.—*Menorrhagia lochialis.* (From Friend.)—May 21st, 1703.—A woman thirty-six years old, after a miscarriage, had a flux of the menses during fourteen

days, for three periods ; afterwards for almost three months they came down daily. By which flux she was so weakened, that she could by no means walk, and but scarce stand. She drew her breath with so much difficulty, that she was in danger of being suffocated. She was seized sometimes with syncope, and sometimes with an hysteric fit ; so that she lay for an hour or two as if she were dead. The same pale colour and leanness as in consumptive persons ; the pulse weak and intermitting.

The indication of cure seemed to regard, first, the stoppage of the flux, and then the restoring of the strength. The fomentation was therefore made use of, which is described in the first case ; which indeed I generally found to be efficacious. Inwardly she took twenty drops of spirits, *Sal. dulc.* in *Decoct. Tormentill.*, four times a day.

May 25th.—The flux something abated, although it broke out again every day. The following emulsion was ordered, in the room of her common drink :

R *Amygd. Dulc. excorticat.* ʒj. *sem. iv. frig. Maj.* ā
 ʒij. *quibus in Mortario contusis affund. aq. Hord.*
libij. Colaturæ add. Sal. Prunell. ʒij. *Syr. Althææ*
q. s. m.

May 30th.—The flux was stayed ; however, it broke forth again the next day in the evening. But by the continual use of the remedies prescribed, the flux was so regulated, that from June 3rd to the 9th, it was wholly stopped ; afterwards, at the month's end, it returned at the usual periods. The flux being therefore restrained, and the canals sufficiently closed up, the other indication was pursued after this manner :

R *Cortic. Peruv.* ʒj. *Rad. Zedoar.* ʒss. *Cochinell*
 ʒij. *Digerantur cum Vin. alb. libij. tepide per tri-*
dium. Liquoris filtrati cap. ter in die ʒij. in quo-
libet haustu instillantur Tinct. Serpent. Virg. gt. xx.

At night, because she was often sleepless, and sometimes also hysteric, she took the following paregoric pills :

R *Galban. col. 5j. spec. Diamb. Castor. Camphor. ā*
Ḑss. Laudan. Lond. ʒj. m.f. Pill. 20. cap. 2 ante
decubitum superb. Tinct. præscript. coch. 4.

[The *species Diambæ* ordered in the foregoing prescription, was very similar in composition to the pulvis aromaticus of the present day.]

Let her diet consist of very nourishing food.

July 19th.—Her stomach, which had been hitherto disordered, was much strengthened; and her strength also somewhat confirmed. At the beginning of August, the woman, by following the method prescribed, was perfectly recovered.

Forestus, ‘*De Mulierum Morbis*,’ lib. xxviii, has nine observations on the too great flux of the menses.

Vide ‘*Zacut. Lusitan.*,’ tom i, lib. iii, p. 479, and tom. ii, lib. iii, p. 487.

Vide Mr. Stead’s case in the following number.

NUMB. 3.—*Of the Fluor Albus.*

As Hoffman has treated largely on the fluor albus, I have inserted an abridgment of the following cases from that part of his works where he treats, “*De Cachexia uterina sive fluore albo.*”

CASE. 18.—*Fluor Albus.* (From Hoffman.)—In a woman about thirty years of age, of a tender constitution, living near the sea a sedentary life, and on a diet of difficult digestion, as sea-fish, especially oysters, the discharge of the menses had for a year been irregular and in small quantities; she was much afflicted with the fluor

albus ; her countenance began to turn pale, with great lassitude both of body and mind. He first ordered a vomit of *Rad. Ipecacuanhæ* ʒss. *Tartari Vitrioli* ʒss. to be taken twice a week ; after that to take once a week a dose of opening pills, which were composed of some bitter extracts, gums and rhubarb ; and in the intermediate days, three or four ounces every morning of the following stomachic wine :

R *Rad. Zedoar. Calami: aromat. Enulæ* ā ʒss. *Herb. Absynth. Rorismarin. Marub. alb. menthæ, salvicæ, Centaur. minor.* ā mʒ. *Baccar Junip.* ʒj. *infundantur in vini Canariensis mensura una et dimidia. Coletur usus tempore et per mensem hæc cura continetur.*

He advised her also to take frequent and moderate exercise, to eat things of easy digestion, and shun the contrary. By this method he cured many, where the disease proceeded from a bad digestion, and not of long standing, or had not degenerated into a bad habit of body.

CASE 19.—*Fluor Albus.* (From Hoffman.)—A woman past thirty, of a clean habit, for more than a year, after she had miscarried three times, was taken with a troublesome fluor albus ; the menses were irregular, and sometimes in a large quantity. He ordered her some of his opening balsamic pills to be taken for three nights, and each morning about three ounces of aperient wine. The same days he ordered her a bath, made with soft water and strengthening herbs, with a bag of the same herbs applied over the region of the groins. After the intermission of three days, the same things were again administered for three more, and repeated in the same manner a third time, with fresh herbs each time. Then he ordered the uterus to be fumigated with frankincense, mastich, and amber ; and the

patient to live regular. By which method not only the bowels, but also the uterus, was purged of a large quantity of humours.

By the same treatment he recovered many others under the same complaint, as well as the above patient. He further observes, that it is not only necessary to purge the body of vicious serous fluid, but also to strengthen the relaxed uterus, which is too much loaded with viscid humours, by the use of the above baths, made more efficacious with nervous and aromatic herbs. And because, for the most part, this disorder is the occasion of barrenness, the above method is most probable to remove the same.

CASE 20.—*Fluor Albus*. (From Hoffman, vol. iii, obs. 5.)—A young woman twenty years of age, of a delicate constitution, and who indulged in a sedentary life, after a difficult labour, in which the placenta was pulled away with a great deal of force, was seized with an acute pain. The lochia afterwards did not flow so freely as they ought. Ever since, she laboured under a fluor albus, which increased so much as to weaken her vastly; she was more and more emaciated every day, and her legs began to swell. He observes, that he had frequently found in practice such violent treatment was the occasion of the like complaints.

She was prescribed some balsamic and nitrous medicines, and ordered to drink with her victuals a decoction of mastich, with some cinnamon and wine mixed with it. The parts were likewise fumigated with sandarick, mastich, benzoin, and cinnabar, and fomentations of nervous medicines boiled in wine often applied to the inguinal region. This method with an exact regimen of diet, had the desired effect.

CASE 21.—*Fluor Albus*. (From Mr. Pearce's 'Bath Memoirs,' p. 219.)—A married woman, aged thirty-seven years,

having for a long time laboured under the fluor albus, which at first was only white, afterwards yellow, then greenish ; after that darkish, towards a black, and then interspersed with red, was cured by some time bathing in the Bath waters, drinking them, and taking some gentle balsamic astringents along with them ; while at the same time, she threw up into the uterus some of these waters, with some *Mel Rosarum*. In this section, there are other three cases of women cured by drinking these waters and bathing.

Vide Forestum, 'De Mulierum Morbis,' lib. xxviii, where he gives five cases on the fluor albus.

Vide Boneti, 'Sepulchrenum de Fluore Muliebri,' lib. iii, sect. 36.

CASE 22.—*Fluor Albus*. (From Mr. Stead, of Guy's Hospital.)—A girl of a florid complexion, and eleven years of age, about three years and a half ago, had her menstrua come down in a small quantity, of a proper red colour, and which continued upon her several succeeding weeks ; then stopped, and returned afterwards in a regular manner, once a month, till within these three weeks last past ; during the greatest part of which time, she has had a flooding. Two or three days after the first stop of the menses, it was discovered she had the whites, and has been subject thereto ever since ; the colour is white, has of late been thin, and so sharp as to excoriate the parts *intra labia*. She was suspected to be clapped ; but both she and her mother solemnly declared no man had ever touched her ; and this was confirmed by the extreme narrowness of the mouth of the vagina. No particular cause of this early appearance of the menses could be found out ; unless these be admitted, that she had at that time a violent fit of crying, and might perhaps have been weakened ; and received a wrench in the loins, by having been compelled to carry large heavy children in her arms. Some time before, and

after her admission into the hospital, she had such a constant uneasiness, smarting pain, and sense of bearing down about the vagina and privities, that she could not walk or lie in bed, except cross-legged; which position of the parts was tolerably easy to her. She complains of great weakness across the loins, and has an almost unextinguishable thirst, and is regular in stool. In these circumstances the physician directed as follows :

℞ *Gum. Oliban.* ʒss. *Mellis q. s. solut. Adde Aq. Lact. Alex.* ʒiss. *Mirabil. Syr. Bals. ā* ʒij. *f. Haust. omni nocte et mane sumend. et* ℞ *Decoct. e Cort. Peruv.* ʒij. *Elix. Vitriol. gr. xx. f. Haust. quotidie hora xima matutina et vta vespertina capiend.*

After the use of which between two and three weeks, she being rather costive, a gentle purge was judged necessary; as—

℞ *Infus. Sen.* ʒiss. *Mann.* ʒvj. *Aq. Mirab.* ʒij. *f. Haust. pro re nata assumendus.*

[The *aqua mirabilis* was a spirituous preparation made from cloves, mace, nutmeg, cardamoms, and great celandine. It was a warm aromatic stimulant.]

These agreed perfectly well with her, the *mensium profluvium* was soon stopt by the astringents, and the external soreness removed by fomenting the parts night and morning with warm milk, and afterwards gently anointing them with some of this liniment.

℞ *Ol. Almygd. dulc.* ʒj. *Sperm. Ceti* ʒiss. *Ceræ alb.* ʒss. *m. f. Linimentum.*

Little or no check was however given to the whites by two months' use of the internals; and thereupon they were at that time left off for these pills.

R *Pil. ex duobus gr. xij. Calomel. ppt. gr. iv. f. Pil. ij. bis in septimana cum levi regimine capiend.*

[The *pillule e duobus* were compounded of colocynth pulp, scammony, oil of cloves, and syrup of buckthorn.]

R *Terebinth. Venet. ʒij. Pulv. Glycyrrh. q. s. f. Pil. mediocr. quarum capiantur quatuor ter de die in quovis vehiculo.*

The purging pills operated immediately, and together with the others, were persisted in about eight weeks, the flux gradually abating thereby, except for the last three weeks, during which it seemed to be at a stand, and was so considerable as to induce the physician to endeavour to put a total stop to it; which he attempted and succeeded in by five weeks' repetition of the olibanum draught, as directed above, and she was accordingly presented out well.

It would be unnecessary to insert more cases of this complaint, though it may be useful to make some general remarks on the methods which I have found successful in practice.

I have found this discharge beneficial to those who were obstructed or irregular in their menses; but this benefit was more or less, according to the quantity of the evacuation; and the fluor albus is diminished by all those methods that are used in removing obstructions.

Indeed, where this complaint was owing to a weak and lax habit of body, I have found it relieved by the method of cure recommended in the immoderate flux of the catamenia; and although I have generally succeeded in both cases, I have met with some patients who, from the long continuance of the disease, could not be radically cured.

I have had several patients where this discharge diminished on the cessation of the menses, about the age of 45 or 50, and in a few years afterwards, entirely stopt of

itself. Some of them for ten, fifteen, or twenty years, from the tumefaction, excoriation, and soreness of the parts, could not, till after the above cessation, converse with their husbands. (*Vide* Vol. I, page 105.)

COLLECTION V.

OF LABOUR WITHOUT ANY PREVIOUS SENSIBLE MOTION OF THE CHILD, AND EXTRA-UTERINE FÆTUSES.

(*Vide* Vol. I, pages 108, 112.)

NUMB. I.

CASE 23.—*Labour without any Motion of the Fætus.*—In the year 1728, a woman turned of thirty, after having borne three children, inclining to be corpulent, found the menses obstructed; but, far from ascribing this obstruction to the true cause, imagined it was in consequence of her growing fat, especially as she had never felt anything like the motion of a child. In this way she continued till the seventh month, when I was consulted about removing the obstruction, though she would not allow me to examine in the proper manner. Finding her in good health, though fully persuaded that her bigness was either owing to corpulency or a dropsy, and bent upon having the obstruction removed, I prescribed some gentle opening medicines, as she was naturally costive. I was again consulted in the eighth or ninth month, when she still declared that she felt no motion; and obstinately adhered to her former opinion. At last, however, I was called to relieve in a supposed fit of the colic; and reached the place of her abode just time enough to receive the child; though she would not be persuaded of her real situation until she actually heard it cry, because she had never felt it stir, either before or in time of the labour-pains.

I have delivered many women of strong and lively children, after they were fully prepossessed with a notion that they were dead, because they had felt no motion in time of labour.

[Some few cases have occurred to me where the patient has never been sensible of any foetal movement from the beginning to the end of pregnancy. It is much more common to meet with the converse of this,—women fully confident that they feel the movements of a foetus, when really no foetus is present. However troublesome before labour, once this has set in the foetal motions are usually much more quiet and subdued. Although extreme activity of the foetus (“foetal turbulence,” as it has been called) is sometimes a source of positive distress to a woman, I never could see that the accession of labour was hastened or induced by it.]

In some cases, I have imagined the labour was brought on by such motion ; but have generally found that the pains did not follow this motion ; and after the children were certainly known to be dead, I have delivered a number of women with as much ease as when the children are alive. The only obstacles I ever found in the delivery of dead children were the tumefaction of the belly, from the rarefaction of the contained air, that rendered the labour a little tedious, and a large head or narrow pelvis, which would have been attended with the same difficulty, had the children been alive, or the body not tumefied.

[Smellie’s emphatic statement here respecting the easy delivery of children dead before labour set in, is, no doubt, intended as a protest against the long-accepted opinion that such labours were necessarily more difficult as a result of the child’s death and consequent inability to aid in its own liberation from the uterus. This is only one of the many instances in which his sound sense and correct observations had emancipated him from the traditions and erroneous notions current in his day under the sanction of antiquity, and supported by the weight of high authority.]

NUMB. 2.—*Of Extra-uterine Fœtuses.*

In the ‘Philosophical Transactions,’ No. 323, p. 426, there are accounts of some extra-uterine fœtuses, both of the human and brute species, by Mr. J. Younge. With regard to the human, he says, extra-uterine embryos have been sometimes found in women; but not publicly taken notice of till the beginning of the last century. The younger Riolan, speaking of the Fallopian tubes, says, they appear of the same nature and substance as the womb, *quia carnosa est in qua, quod est mirabile fœtum humanum concipi, fuit observatum*. Then gives an account of four such strange conceptions which occurred to his knowledge.

He likewise observes, since that time, more strange ones have happened in that country. One was found at Paris in January, 1669, by Mr. B. Vesalius in the tube of a woman. It was four months old, and so grown, and the tube so distended, as made him mistake it for another womb, and accordingly to call the account he published thereof, ‘*Demonstration d’une double Matrice.*’ Mr. Oldenburgh inserted an extract of it in the ‘Philosophical Transactions,’ No. 48, and the ‘German Academy,’ vol. i, Obs. 110, did the like; but neither seemed to understand the mystery, till De Graaf took it right, and made use of this very observation to illustrate and confirm the hypothesis of Kerkringius. About ten years afterwards, a more wonderful and incredible one happened there. It comes very well attested by Dr. Bayle, who first published a history of it in the ‘*Journal des Sçavans*,’ A.D. 1678, and, after, Mr. Oldenburgh put an extract of it into the ‘*Phil. Trans.*,’ No. 139, p. 979. This case is taken from the above, and not from Mr. Younge.

Margaret Matthew, wife of John Puget, shearman, at or near Toulouse, being with child, 1652, perceived, about

the end of the ninth month of her bearing, such pains as women usually have when about to fall in labour. Her water also broke, but no child followed. For the space of twenty years she had perceived this child to stir, with many troublesome symptoms accompanying ; but for the last six years, she perceived not the child to move. She died Jan. 18, 1678 ; and the next day being opened, a dead child was found in her belly out of the womb, no way joined or fastened to it ; the head downward, the buttocks hanging towards the left side. All the back part of the child was covered with the omentum, which was about two fingers thick, and stuck hard to divers parts of the body, so as not to be separated without a knife ; which being done, very little blood issued. This infant weighed eight pounds avoirdupoise ; the skull was broke into several pieces ; the brain of the colour and consistence of ointment of roses. The flesh red where the omentum stuck ; other parts whitish yellowish, and somewhat livid, except the tongue, which had the natural softness and colour. All the inward parts were discoloured with a blackishness, except the heart, which was red, and without any issuing blood. The forehead, ears, eyes, and nose, were covered with a callous substance, as thick as the breadth of a finger. The gums being cut, the teeth appeared in the adulthood of those in grown persons. The body had no bad smell, though kept three days out of the mother's belly. The length of the body from the buttocks to the top of the head, about eleven inches. The mother died about the 64th year of her age.

Mr. Younge goes on, and says, that before either of these appeared in France, there happened one in Holland to H. Rhoonhuys. A woman with child, at her full time, was four days in labour, and, although she had many midwives, could not be delivered. Our author was called December, 1658, found the *internum uteri osculum* close shut ; without

flowings, or any forerunners of the delivery. He, finding the common passage so closely shut up, and a very painful tumour above the navel, proposed the Cæsarean section. The woman having seen that operation made at Paris, earnestly desired him to perform it on her; but he, to observe some unnecessary forms, delayed it till the woman died; who, he believes, with the child, might have been preserved, if the operation had been done when he first saw her. Opening the belly, he found a child among the entrails, and the placenta fastened to the colon, and part to the fundus uteri, and that there was a breach in the womb, capacious enough for the infant to pass through into the belly. T. Bartholinus, the year after Rhoonhuys's exploration, met with such an extraneous foetus lapt up in a mola, which he found in the belly of a woman, and conjectures, *non possum aliud divinare, quam quod foetus hic primo in tubis uteri conceptus*. He imparted this first to G. Horstius, Ep. 58, vol. iv, afterwards in the 92nd Observation of his Sixth Century.

Ann. Dom. 1662, in the city of Aurange, D. Baldwin and Mr. Delafort found *puellam egregiam optime formatam extra uterum*. The report of this discovery is made public by Sachs, with remarks, 'Miscell. Cur.,' vol. i, Observ. 110, which he concludes with one more stupendous than all I have cited, which he had from the 'Silesia Chronicle,' written long since by N. Polinus; and thus relates it:

A woman who had borne ten children in fifteen years' matrimony, conceived again, and, at the full time, was delivered through an abscess of the left hypochondria; *ex qua infans boni habitus extractus, qui baptizatus fuit, et annum unum cum dimidio supervixit; mater vero, summis in doloribus tertio die obiit*. He also, at the beginning, gives an account of a gentleman's servant having killed an ewe which was thought fat, and having taken out the bowels, found a very unusual and monstrous lump of fat

proceeding like a wen from the middle of the omentum; and when opened, a lamb was found in the same. He likewise relates, that thirty years since, he had been shown the like in a bitch. He was also told by a gentleman-hunter, that he lately found in the paunch of a hare, two full-grown young ones amongst the bowels, but almost rotten, and three immature embryos in the uterus.

There is also in the 'Philosophical Transactions' one case that seems to be published by two different persons of near the same date at Paris; the first is by Mr. Saviard, No. 222, p. 314. The second is by Dr. Fern, No. 231, p. 121; which last I have copied as being the fullest.

A goldsmith's wife, near nine months gone with child, was received into the Hotel Dieu, Sept. 20th, 1696. She was then about thirty-four years of age, of a tender constitution, had had four children before, all of which had done very well, but with the present she had been very ill, and endured a great deal of misery. The midwife who examined her body, found a considerable rising on the right side near the navel, which very much resembled a child's head; her belly below that place bearing no proportion to that above or to the time of her pregnancy; on the left side there was nothing singular. The midwife thought she felt through the vagina, a thick membrane filled and distended with water, and in it the heel of a child bent towards the thigh; but she could not be assured whether this was within the womb or not, by reason the inner orifice was drawn so high under the os pubis she could not without some difficulty touch it with the extremity of her finger. Upon trying some time after, she could not discern anything like the foetus she had felt before.

The patient told her that for the first six weeks after her being with child, she had great and continual pains, which shot towards the navel, and terminated there; and these lasted till the third month; that from thence to the fifth she had

frequent convulsions, apoplectic fits, and terrible syncope, so that those about her despaired of her life; that from the sixth to the eighth month she had enjoyed much better health, which in some measure had strengthened her and her infant; that the pains she had endured since that time seemed to be so many alternate throes, probably proceeding from the repeated strokes of the child's head in that place, where the teguments were so thin, by reason of their great extension, that the hardness of the cranium could plainly be discerned through them. In this condition was this miserable woman when she was received into that hospital; till her affliction increasing she could not lie on her sides or back, being forced to sit on a chair or kneel in her bed, with her head resting on her breast. These strange and unaccountable symptoms obliged the midwife to consult with the physician and master-surgeon of the house, who thought it was best to leave the work to nature, and prepare the woman for labour by opening a vein in her foot. The evacuation was ordered to be small, in which regard was had to the weakness of the patient and the delicacy of her constitution. However, after this time the child made no efforts, and the tumour subsided; there remaining only a hydropic indisposition, which might be perceived by the fluctuation; and a great quantity of water came away for several days from the orifice of the vein; insomuch, that she who seemed to have her lower belly and thighs extremely distended, was very much emaciated before her death.

After her decease, her body was opened by M. Jovey; and upon the first incision through the teguments, there came away two or three pints, Paris measure, of water and blood, and there appeared the head of a child naked. When the parts were all laid open, there was found an entire female foetus, contained in a cover or bag, which at once served it both for a womb and membranes. M. Jovey

took the child and umbilical string out of the mother's belly, tracing the string to the placenta, into which it was inserted. This last appeared like a great round lump of flesh, and adhered so firmly to the mesentery and colon on the left side, that it could not be separated from them without some trouble. On one side of this lump was a lesser, about the size of a kidney, which principally adhered to the mesentery, and received several branches of the string into it. The larger lump was round, and the greatest part of it adhered to the bag or case which contained the child. This case or bag was corrupted and mortified in part, which probably might proceed from the frequent strokes of the infant's head. It sprung from the edges of the tube or fimbria of the right ovary, which was more entire than the left, and proceeded obliquely to the left side, terminating at the bottom of the pelvis. In its descent it sent out a small portion between the womb and the rectum. This bag, by compressing the neighbouring parts, had gained a considerable space in the above-mentioned cavity; in such a manner, that a great part of the child's body was lodged at the bottom of it, in a bended posture, with the head projecting forwards, which formed the prominence near the navel. This bag seemed to be nothing else but an elongation and distension of the tube, and an expansion or production of the broad ligament on the right side; which was evident from its continuity to these parts, and the distribution of the spermatic vessels, which were larger than usual, and passed from the extremity of the tube to the larger lump. The womb was entire, and in its natural state, except that it was something larger than ordinary, being about the size of that of a woman ten or twelve days after delivery, and no marks that the child had been lodged in it.

M. Jovey having observed this, thought proper to desist till several eminent physicians and surgeons were called; and

then the womb being carefully dissected, it was unanimously agreed that the foetus had never been in it ; it being, as it was noted above, in the same state as in women who are not with child, except the small dilatation of its bulk, which might arise from a compression of the vessels and interception of the reflux blood, by the unnatural position of the foetus. In thrusting a long and slender probe through the right horn of the womb, it easily passed into the tube on the same side for three fingers' breadth in length, but it could not be thrust farther, by reason of the constriction of the tube in that part. The capacity of the tube could not be distinguished. The parietes of it, by their coalition with the chorion and amnios of the child, forming the bag in which the child was enclosed, which extended from the tube on the right side to that on the left, and was agglutinated to the viscera of the lower belly, the rectum, and to the back part of the womb, as appeared by some fragments remaining on those parts after the separation.

A Foetus in the right horn of the Uterus.—By Dr. FERNE
(No. 251, p. 125).

In dissecting the body of a woman who supposed herself to be three months gone with child, I found the womb very small, not larger than in virgins, and a hard substance in the right horn ; which being opened, appeared to be the skeleton of an infant, with the navel string smeared round with a white matter not unlike plaster.

An Extra-uterine Foetus that had continued five years and a half in the Body.—By ROBERT HOULSTON, M.D.
(‘ Phil. Trans.,’ No. 378, p. 387).

I was sent for, in August, 1717, to a woman near Newport Market, who had been married eighteen years to a native of the East Indies, by whom she had eight children,

besides two miscarriages. At my visiting her she was with child in a second marriage, and her husband a vigorous young man. She was near her full time, and had felt pain for several days, which, returning by intervals, she concluded would, as usual, bring on delivery. Her mother and her midwife apprehending no difficulty, assured those about them that only time was wanting. But I found, on examination, that her womb was of no bulk to contain a child near its time; and that its neck, which was of an uncommon hardness, was also closed so straitly as to refuse the admission even of a small probe or knitting needle. I declared upon this that her delivery was impossible, because the child was not within the womb, but between the womb and the guts; but that it might be removed by a passage to be made for it, without any great pain, and with safety to the mother. I offered to undertake it; and assured them that this was the only opportunity, and that if she neglected it, it would be out of the power of art hereafter to give her any relief; for she must languish till death, unless favoured by some unlikely and extraordinary accident. However confidently I affirmed it, they listened with a mixture of disbelief and amazement, and rejected my assistance. At that time, in all probability, it would have been successful; for she was a slender well-shaped woman, in good habit of body, and of a sprightly disposition.

[We must admit that the doctor made here a very shrewd diagnosis, and for this he deserves no small credit; but I cannot see that he was justified in so confidently asserting that the operation of extracting the child could be effected "without any great pain and with safety to the mother." We are not furnished with sufficient particulars to know the grounds on which he rested his opinion of the nature and prognosis of the case.]

It was a year after this when I was desired again to visit her. I found her much disordered by a growing imposthumation in her belly. I ordered her some cordial

stomachics, cassia, and such gentle lenitives ; and they met with success beyond my expectation ; so that by aid of a regular diet, and the watchful exactness of a very tender mother (a nurse of about thirty years' experience about this city), I restored her to such strength, that she went cheerfully abroad, and applied herself to business.

About fifteen months after the time when I visited her first, her mother came from her to intreat my assistance ; she complained of great pain in the lower part of her abdomen ; and I found a tumour of a conic form, projecting about an inch beneath the umbilicus ; its inflammation, with tension and a feverishness attending it, so plainly indicated suppurations, that I was not surprised to hear in a few days that it had broke as I wished. I proposed to lay it open, both to give a free emission and prevent its becoming fistulous ; but she was apprehensive that I would, as she called it, cut open her belly ; so that not being able to prevail with her, I ordered her a pot of unguent and some plasters. The ulcer soon grew fistulous ; and so continued till she died, which was on the 23d of April, 1723, in the 41st year of her age.

For about five months before her death, she voided her excrements by this vent ; and all the soft parts of the foetus, with some small bones of its fingers. But the rest of the skeleton remaining entire, I took it out of her body, together with the vagina, uterus, rectum, &c., wherein it had involved itself, as may be seen more particularly in the figure annexed.

A Fœtus formed in the Ovarium. By M. DE S. MAURICE
(‘Phil. Trans.,’ No. 150, p. 285).

A woman, after being safely delivered of eight children, and continuing five years afterwards without having any more, about three months before her death, suspected herself to be fallen into that condition again ; because she

never before failed of being very regular, and had not found herself so for more than a month. After this, she had a little show, which scarce left off wholly during the last two months of her life, and which she past, nevertheless, without much trouble ; so that she thought herself to be secure as to the point of her being with child. But, April 22nd, 1682, after she was up in the morning, in very good health, she fell into faintings, had violent pain like a colic, in the region of the right groin, which terminated at the reins, a little after eight in the evening. She felt all the præludia of an imminent travail ; she called her chirurgeon, and died in his arms saying, “ I am delivering, I am delivering ;” there appearing outwardly neither distillation nor flooding, nor any marks of this disorder.

On opening the integuments of the belly, all the entrails of the epigastric region were seen floating in blood, which was taken out with a spoon, to the quantity of two pounds. To avoid changing the situation of the parts, a large quantity, which was coagulated, still remained in the right flank ; and trying to take this out with the hand, a little foetus was found in the first clots, about the bigness of a man’s thumb, and a third less in length, all very distinctly formed, and in which was manifestly discovered the sex of a boy, but naked and without covering. The right cornu of the womb was found near this place ; the testicle or ovary was torn longwise, and through the middle on the side, that it did not touch the tuba. This testicle was near the bigness of a hen’s egg, and seemed to be the place where the foetus was contained, and which had burst through the same, for the left testicle was no bigger than a little chestnut ; the tube was not dilated, neither was there any rent of the uterus, which appeared to be in its natural state, was, as Dr. Harvey had described it, in the first month of pregnancy ; but when it was opened, he found not the least sign of conception ; the vessels of the interior

membrane seemed full of blood and varicous, which might be the cause of that little show of blood, as before mentioned.

He remarks, that although authors speak of foetuses found in the tubes and belly, he does not know any that mention their being in the testicle or ovarium, as this seems to have been.

A Fœtus that continued 46 years in the Mother's Body.

Communicated by DR. STEGERTAHL. ('Phil. Trans.,' No. 367, p. 126.)

Anna Mulleen, of the village of Leinzelle, near Gemund, in Suabia, of a dry and lean constitution, but otherwise healthful and robust, died at the age of ninety-four, after she had lived a widow forty years. Forty-six years before her death, she declared herself to be with child, and had all the usual tokens of pregnancy. At the end of reckoning, the waters came away, and she was taken with the pains of labour, which continued upon her about seven weeks, and then went off, upon the use of some medicines given her by a surgeon. Some time after this, she recovered her perfect health, except only that her belly continued swelled, and that now and then, upon any exercise, she felt a little pain in the lower part of it.

She was after this twice brought to bed ; the first time of a son, who is now a huntsman at Bischoffsheim, and afterwards of a daughter who is married to a soldier. But notwithstanding this, she was firmly persuaded that she was not yet delivered of what she first went with, and desired Dr. Wohnlix, the physician of Gemund, and one Knauffen, a surgeon at Heubach, to open her body after her death. Accordingly, after her death, which happened on the 11th of March, 1720, after four days' illness, her body was opened by the surgeon, the physician aforementioned being dead. He found within her a hard mass of the form and size of a large nine-pin bowl, but had not the precaution to observe whether

it lay in the uterus or without it, and, for want of better instruments, broke it open with the blow of a hatchet. This ball and the contents of it are explained in the figures of the 'Transactions ;' and, according to the description and appearance, seems to have been so strongly pressed, that the parts were consolidated to one another, and the integuments in a manner ossified. The nose was turned up and flattened, and the eye closed ; but the ear, the arms, of which the right is the largest, and the two joints of the thumb, &c., are plainly distinguishable.

An Account of a Child taken out of the Abdomen, after having lain there upwards of sixteen years, during which time the Woman had four Children, all born alive. By STARKEY MIDDLETON, M.D.

Gentlemen,—The records of your society furnish us with several cases of extra-uterine conceptions, one of which I communicated to you, March 28, 1745. Nevertheless, I could not help flattering myself, that this case also might be worthy your notice.

In April, 1731, Mrs. Ball, without Bishopsgate, perceived by the usual symptoms that she was pregnant ; and, in October following, being then in the sixth month of her pregnancy, she had a child died in her lap of convulsions ; the surprise of which caused a great fluttering within her, attended with a sensible motion of the child ; which motion continued, though gradually weaker and weaker, for about six or seven days, after which she did not perceive it move any more ; but from this time she had constant pains attending her, which appeared like labour-pains. Her midwife for several days expected a miscarriage ; but finding herself disappointed, advised her to apply to Dr. Bamber, whose known abilities in the several branches of physic, joined to his great experience and judgment in midwifery, made him unquestion-

ably the most proper person to be consulted, as the case appeared so very uncommon in its circumstances; at the same time that his great humanity always gave the most free access to the poor in their distresses. The doctor, after a proper examination, finding sufficient indications of a dead child, ordered her some forcing medicines; upon taking which about three times, she discharged something, which the women supposed to be part of the after-birth, accompanied with a small quantity of water. In consequence of this discharge, her pains ceased, but without any diminution of her belly.

After some time, she again applied herself to the doctor, who thought it most advisable to discontinue her medicines, and leave the affair entirely to nature. In this state she continued for about twenty months, viz. to July, 1733, which was two years and two months from her first reckoning; she then again applied to Dr. Bamber, acquainting him, that she was not yet delivered of the child she so long since came to consult him about, and that her pains were lately returned, and daily increased without any intermission. Upon the doctor's examining her, he thought it proper to send her home immediately, directing her to promote her pain by frequently supping some warm caudle, &c., by the use of which her pains became more regular; and the next day the doctor made her a visit, and was informed she had discharged two waters, but nothing more; he then carefully examined her again, and plainly felt a child through the integuments of the abdomen, but could not give her any assistance.

It was about this time that Dr. Bamber first acquainted me with the case, desiring me to attend her as often as occasion might require; and that I would acquaint him if anything like labour, or other remarkable alteration, should offer. Accordingly, I made her a visit, and after a proper examination, was convinced of the certainty of the doctor's assertion. Her pains now began to abate, and she grew

tolerably easy ; but about the latter end of January, 1733-4, she conceived again with child, and was delivered the 28th of October following, by Dr. Bamber, who sent for me to attend him in her labour ; the doctor soon delivered her of a fine boy, and after having brought away the placenta, he searched for the other child, which he had before felt through the integuments of the abdomen, but found it lodged in the cavity of the abdomen, and beyond the reach of human art to relieve her. This fact every one then present was made sensible of.

October 22nd, 1735.—I was sent for to her in her labour, but before my arrival she was delivered of a boy ; however, I brought away the placenta, which gave me an opportunity of examining for the other child, and found it in the same situation as formerly.

October 9th, 1738.—I was again sent for to her when in labour, but she was delivered of a boy before I arrived. Upon examining the womb, and the state of the abdomen, the child appeared just as before, without any alteration.

June 17th, 1741.—I was again sent for in her labour, but found her just delivered of a girl ; and, upon examining the parts, everything appeared as before.

October 14th, 1747.—Being greatly emaciated by constant pains, &c., she was admitted a patient in Guy's Hospital, where she died the 7th of November following, after having laboured under the distresses and uneasiness of carrying a dead child within her, in a manner loose in the abdomen, upwards of sixteen years. The day after her death, I opened her in the presence of Drs. Nesbit, Nichols, and Laurence, when the uterus, and the several other contents of the abdomen, appeared nearly in their natural state ; but on the right side, within the os ilium, a child presented itself, which was attached to the ilium and neighbouring membranes, by a portion of the peritoneum, in which the fimbria and part of the right Fallopian

tube seemed to lose itself. The child seemed nowise putrid, but the integuments were become so callous, and changed from their natural state, that the whole seemed to resemble a cartilaginous mass, without form or distinction; the legs, indeed, were distinguishable, though they were much wasted and distorted. Upon opening the callous integuments of the head and face of the child, the bones appeared perfectly formed, with a few spots of tophous concretions on them. This account may serve to convince those who are of opinion that boys are conceived on the right side and girls on the left, as this woman had three boys and one girl after the Fallopian tube on the right side had lost its action. Yours, S. MIDDLETON.

In the memoirs of the Academy of Sciences at Paris, M. 1702, p. 234, &c., we read of a foetus extracted by the anus; and in H. 1722, p. 20, of one found in the Fallopian tube. The German 'Ephemerides,' an. prim., l. iii, Obs. 110, mentions a foetus lying betwixt the uterus and rectum; and tom. iii, Obs. 11, describes another found in the abdomen of a woman, where it had lain above sixteen years.

In the 'Med. Essays of Edinburgh,' vol. v, Art. 38, is the history of one child extracted by an opening in the abdomen, and part of another passed by stool; by Dr. Gabriel King, physician at Armagh, Ireland.

[I had an opportunity of examining the recent specimen of a case of *tubal* gestation, which was brought under the notice of the Dublin Obstetrical Society, by Dr. Denham in March, 1875. The lady who was the subject of the case had one child and several miscarriages; on the present occasion she supposed herself to be about six or eight weeks pregnant. Her death was caused by the extravasation of blood resulting from the rupture of the gravid cyst. The gestation existed in the *left* Fallopian tube, but a corpus luteum was found in each ovary; that on the *left* side being the more recent. She had an early miscarriage about five months before her decease.]

COLLECTION VI.

OF SUPERFÆTATION, OR WHAT WAS FORMERLY SUPPOSED TO BE SO.

(*Vide* Vol. I, p. 117.)

CASE 24. — *Twin Pregnancy; one Fœtus expelled at fourth month, the other retained to full term.*—In the year 1728 I was called to a woman in the country, who was seized with a violent flooding in the fourth month of her pregnancy; and before I reached her house, which was about four miles distant from the place of my habitation, she had miscarried of a small fœtus and the secundines. The discharge was abated, yet, as she had been before delivered of twins at three different times, I examined the vagina, and found the os internum so much contracted that I could hardly introduce the top of my finger. The neck of the womb seemed to be about half an inch long, and above that I felt a pretty large stretching of the uterus on the sides and anterior part. As she had rested little the preceding night, I prescribed a paregoric mixture, with thirty drops of liquid laudanum, two spoonfuls of which she took every two hours, until some slight pains that still remained were removed, and she fell asleep. In two days she was perfectly easy, and in about three months after this period her husband brought her to my house, where she told me she had been irregular in the discharge of the menses since her miscarriage, and was grown very big—a circumstance she imputed to a dropsy, or rather a tympany, for she found frequent motions from wind. By examining the abdomen and vagina I plainly perceived she was in the eighth month of pregnancy, and assured her the

wind she felt was no other than the motion of a child, observing that she had probably conceived two children as formerly, and though she had miscarried of one, the other had remained, and would continue to the full time. My prognostic was verified in about nine weeks, when she was delivered of a full-grown female child.

CASE 25.—*Twin conception : one expelled at sixth month, and the other at end of ninth month.*—About three years after this transaction my assistance was demanded to a woman, who, in the sixth month of her pregnancy, was also taken with a flooding, though in a small quantity, which continued ten days before I was called; some water was likewise discharged without pain, and yielded a mortified smell. I understood that, the day before I was consulted, she had felt some slight pains, and a few small bones had been discharged from the vagina; and these, upon examination, proved to be the bones of the legs and arms belonging to a foetus. I could scarce introduce the tip of my finger into the os internum, though the neck seemed larger than usual, and above that the uterus was pretty large. The cloths, that were moistened with a serous discharge, exhibited a brownish colour, and had a putrid smell. The woman was much alarmed, her spirits were sunk; she had for some time enjoyed little or no rest, and was costive. I ordered an aperient glyster to be immediately injected, after the operation of which I directed her to take ten grains of the *Pil. Matth.* (*vide* page 6), and next day four spoonfuls of the following mixture every six hours :

R *Aq. Puleg.* ʒvj. *Bryon. Comp.* ʒj. *Tinct. Castor. gutt. c.* *Spt. C. C. gutt. lx.* *Syr. Caryoph.* ʒj. *M.*

I likewise directed the glyster to be repeated every afternoon, and the pills every night if there should be occasion, and found her perfectly easy and free from all

complaints, and was told she had the preceding night discharged the rest of the bones and secundines of a child. I insisted upon her keeping her chamber and bed for some days, and prescribed a cordial mixture, with some doses of sperma ceti, at the request of her female acquaintance.

About two months after this disorder I received another call, when she told me her stomach was puffed up with wind, that she was taken with a violent colic, and had been three days without passage in her belly. When I felt the abdomen, as she was a thin woman, I could plainly perceive a stretching of the uterus, extending above the navel; and upon examining by the touch in the vagina, felt the os internum largely opened, the membranes with the waters pushed down, and through these the arms, shoulder, and navel string of the foetus. She was agreeably surprised when I told her she was in labour of a child, though in the seventh or eighth month; then, being put to bed, and the female friends assembled, she was, to her great joy, delivered of a live male child, which, though small, was reared by sucking another woman at first, and afterwards the mother, who had formerly lost two children.

CASE 26.—*Birth of a mature foetus; followed by expulsion of one of about four months' development.* (Communicated by Mr. CAMPBELL, in a letter dated from Poole, April 25, 1750.)

Sir,—The following being a very uncommon case, I am willing to communicate the same, to have your sentiments on the subject:

A woman in this neighbourhood was delivered of her first child, and the delivery followed by severe after-pains; and five days after she miscarried of a foetus, which could be no more than four or five months in growth. There was no sign of putrefaction about it, though it was still-

born; there was no hair, nor other sign of its being longer conceived. How to reconcile this with the present doctrine of conception will, I believe, be found difficult. I should be glad if, at the same time, you would be pleased to acquaint me how to distinguish betwixt an obstruction and the total disappearance of the menses in women.

My answer was to this effect.

Sir,—What you have writ me seems to favour the notion of superfœtation more than anything I have met with in practice. But there are instances of extra-uterine fœtuses which have lain whole years in the abdomen without being putrefied. However, we see from time to time things happen that we cannot account for, and these destroy all our fine theories.

The menses commonly disappear in women between the age of forty-five and fifty; sometimes they leave them sooner, if the woman chances to grow fat, if the catamenia appeared early in life, or if she hath bore many children; but whether the disorder proceeds from obstructions or the total disappearance of the menses, the intention of cure in both cases is, to repeat venæsection and gentle purgatives.

[All the circumstances of the foregoing cases, bearing a resemblance to superfœtation, can very well be explained on the assumption that they were originally twin pregnancies. The non-putridity of the fœtus in the last case would seem a strong point in favour of superfœtation, and Mr. Campbell was evidently of the same opinion; but Smellie did not see in this circumstance any proof of superfœtation, and unquestionably he was right, though politeness seemed to have restrained him from giving a positive contradiction to Mr. Campbell's supposition as to the nature of the case. A case essentially like this occurred to myself, but the secondary fœtus (which had reached about the fourth month of intra-uterine development) was expelled, shortly after the matured living fœtus.]

Schenckius, Lib. iv, "De Superfœtatione," p. 617, has collected several observations of superfœtations.

Others of late, to prove the possibility of such things, have advanced an attested case from America, of a black woman, who, by conversing with her husband, of her own complexion, and immediately after with a white overseer, was delivered of twins, one a mullatto, and the other a black child; also another of a woman of Charlestown, South Carolina, about the year 1714, and mentioned by Dr. Parsons, in a lecture read before the Royal Society of London, October, 1745, who was brought to bed of twins, one a mullatto, and the other a white child. She confessed, that immediately after her husband had left her, a negro servant came to her, and forced her to comply with his desires, by threatening her life if she refused.

In the 'Memoirs of the Academy of Sciences at Paris,' H. 1702, p. 30, &c., we read of the delivery of a boy, in whose placenta was found a sort of bladder, which contained a female fœtus, reckoned to be four or five months; and, H. 1729, p. 12, of two children delivered at a day's distance, one aged forty days, the other at the full time.

Ruysch, in tom. i, Observ. 14, gives an account of a surgeon's wife at Amsterdam, in 1686, who was delivered of a strong live child, and in six hours after, of a small embryo, the funis of which was full of hydatides, and the placenta as large and thick as in one of three months. He exhibits a figure of this phenomenon.

Mauriceau, in the midst of his additional observations at the end of the book, mentioned his having seen a young woman who had been delivered, at the usual time, of twins, one of which was alive and of the ordinary size; the other was dead, and seemed to be only of three or four months. He accounts for this circumstance, by supposing the death of the child at the term of four months, but that its waters remained uncorrupted, from the air not being admitted, &c.

COLLECTION VII.

OF WOMEN WHO EXCEED THE COMMON TERM OF GESTATION.

(*Vide* Vol. I, page 122.)

CASE 27.—*Prolonged Gestation in a First Pregnancy.*—

I was bespoke, in the year 1743, to lay a young woman of her first child. She was taller than the middle size, and had been healthy from her infancy. She was married in September, about a week after the menstrual discharge, which not returning at the stated time, she was seized with the usual complaints of sickness and retching, which her mother supposed to be certain signs of pregnancy; and though she reckoned only to the beginning of June, she was not delivered till the end of August. Before marriage, the menses had flowed regularly every four weeks; and though she, perhaps, did not conceive immediately after wedlock, it was reasonable to suppose she actually exceeded the usual term of gestation, by four or five weeks at least. Her labour was very tedious, though the pelvis was of a large size; but the child was very lusty, and the head squeezed into a longitudinal form. Two years after, I delivered her of a second child, which was also very large; yet the labour was short, and happened according to the common time of reckoning; nor was the head of this last squeezed into a longish form like that of the first, which was indeed the largest child I ever brought into the world.

CASE 28.—*First Pregnancy Protracted for about Eight Weeks.*—In the year 1735, I was called by a midwife

to a woman in child-bed, and found the breech of the foetus presenting at the brim of the pelvis, where it had stuck for some time, without advancing, although the mother had been long in labour, and the membranes had been broken eighteen hours before I came. I with great difficulty pushed up the breech, and brought down the legs; and after much fatigue delivered her of a live child. According to this woman's reckoning, she had exceeded the usual time of gestation by eight weeks; for she affirmed, and her mother confirmed the assertion, that she had but one discharge of the menses after she was married, and in the middle of the month was seized with the common symptoms of pregnancy, from which they concluded she had conceived soon after the evacuation.

I have selected these two cases from a great number of less certainty, to show that women may probably go with child beyond the nine months; though this is a circumstance that rarely happens. Indeed, I have known many women exceed that period by their own reckoning; but I have generally supposed they committed some error in keeping the account.

Vide Lamotte, liv. i, chap. xxvii and xxviii, where we read of women who have been delivered a considerable time before and after the term of reckoning. I myself very often find my patients go two or three weeks beyond the nine months, reckoning from the last discharge of the menses.

COLLECTION VIII.

OF WHAT IS COMMONLY CALLED THE FALSE CONCEPTION,
MOLAS AND HYDATIDES.

(*Vide* Vol. I, p. 125.)

NUMB. 1.—*Of False Conception.*

CASE 29.—*An Addled Tuberculated Ovum of about the Third Month.*—Being called to a gentlewoman in the year 1722, I was told by the women who were about her, that she had miscarried of a false conception in the third month; and that the same misfortune had happened to her several times before this accident. The midwife pretended that these false conceptions proceeded from a foulness of the uterus, and had prescribed, from time to time, decoctions of sabine, artemisia, and other herbs, to be taken by the mouth and injected by the vagina.

This being the first case of the kind which I had seen, I carefully examined the substance, which was bigger than a goose egg, and found it no other than a coagulum of blood, of which she had lost a large quantity, formed round the secundines by the pressure of the vagina, where it had lain for many days. I plainly discovered the cavity which had contained the embryo, and assured them it was a real conception, though the embryo had been forced through the membranes and lost.

Since that time I have been concerned in a great number of cases of the same kind; sometimes I have found the

embryo partly dissolved, and sometimes perfect, commonly of the size and figure of a small horse-bean, when the miscarriage happened in the ninth or tenth week of pregnancy ; but when no embryo was found, it was always termed a false conception by the good women.

When the membranes broke before the secundines were discharged, I have known the embryo pass off unobserved with the coagula of blood, and be lost among the clothes ; and at other times, when the membranes were not broke, I have found it dissolved in the waters.

In one case where I was concerned, the chorion had broke, and the amnios was discharged whole, with the embryo swimming in about ten times its own bulk of water, as clear as crystal. Though it was not bigger than a small bean, I could distinguish the legs and arms pretty well formed ; but as I had not leisure to immerse it in spirits immediately, it lay in a cup for the space of twelve hours, at the expiration of which I found the waters muddy ; and when I opened the amnios, in order to evacuate the corrupted fluid and supply its place with spirits for the preservation of the embryo, I perceived the legs, arms, and greatest part of the body, were quite dissolved.

CASE 30.—*Large Firm Coagulum expelled some days after Miscarriage.*—In the year 1723, I attended a patient who miscarried in the fifth month, the foetus and membranes having been discharged together. About five days after the miscarriage, I was called to examine a substance, which had been passed with a great deal of pain, and which the midwife termed a *real false conception*. This was about the size of a hen egg, surrounded with what appeared to be a strong thick membrane, which when I opened, I perceived the whole was no other than a coagulum of blood which had been strongly pressed in the uterus or vagina, so that the serous part having been squeezed out, the

surface, in consequence of the pressure, had assumed the form and appearance of a membrane. I have seen a great number of such substances, which have been always mistaken for false conceptions, by midwives, nurses, and even gentlemen of the profession. Indeed, I myself had at first a confused notion of these things, until I understood that coagula of blood would assume such appearance from pressure in any cavity. These I have seen discharged both before and after miscarriages and deliveries, at all times of pregnancy, though generally in the first five months, and more frequently in the third than in a more advanced state of uterine gestation.

NUMB. 2.—*Of Moles.*

CASE 31.—*Cancer of Uterus.*—In the month of December, 1742, a widow-gentlewoman, about the age of fifty, was suddenly seized with violent pains, like those of labour, and a discharge of blood from the uterus. Two years had elapsed since her menses disappeared; but, having received a fall down stairs, she had, from the time of that accident, been subject to pains in the lower part of the abdomen and back, with a slow draining of blood from the uterus. These complaints continued six months before she was taken with the violent pains, in consequence of which I was called to her assistance. I felt the os internum a little open, and something presenting, like the edge of a placenta, or a round fleshy substance. She was for several days kept tolerably easy, by taking five or ten grains of *Pil. Matth.* or draughts with liquid laudanum, from fifteen to thirty drops, repeated occasionally as the pains returned. Laxative and emollient glysters were frequently injected by way of fomentation, as well as to evacuate the intestines. The os internum was gradually dilated, the discharge and pains suddenly returned, a large oblong

flesh-like substance was thrust down into the vagina, and by gently opening the os externum, at length extracted, when the pains and flooding abated. This substance being examined, appeared to be nothing else than the fibrous part of the blood, strongly squeezed together, nearly as large as the head of a child, in the sixth or seventh month. A bloody serum continued to drain from the parts for several days, when the red colour vanished, and it began to yield a strong fetid smell. She was seized with violent pungent pains in the hypogastric region, the lips of the os internum swelled, and became unequally indurated, the pains and discharge increased, with all the direful symptoms of a confirmed cancer *in utero*. Yet no other flesh-like substance was evacuated, though every now and then she was attacked with violent floodings; at length she became hectic, and died in about three months.

[As there seems to have been no suspicion, and barely a possibility, of this “widow gentlewoman” having been pregnant, or the clots having in any way been a result of conception, it is rather strange that Smellie should include the case under the head of *moles*, more especially as in the latter part of the preceding history he speaks of moles as being sequelæ of conception; but it serves to show how vague and uncertain was the sense in which this word was employed.]

(*Vide* Col. IX, Case 42.)

CASE 32.—*Violent Metrorrhagia; supposed Prolapsus Uteri; Forcible Removal of a Solid Tumour; Recovery.*

—Mr. Watkins, surgeon, at Coleshill, in Warwickshire, in a letter dated August 24, 1746, writes to this effect.

Give me leave to trouble you with one case, as a confirmation of your doctrine that the mola is for the most part an excrescence or coagulated blood, and not a false production from generation.

I was called to a married woman, full sixty years of age, who flooded profusely in consequence of a falling down of the womb, as I was informed by the midwives, for she was attended by two who had attempted the reduction. Finding an imperforated substance presenting, I concluded it was not the uterus; then, placing her in a proper posture, I introduced my hand, and delivered her of a muscular, or rather tendinous-like substance, as big as a large calf's heart, exactly resembling the auricles and conical point, which had presented at different times for seven years last past, with vast flooding and excruciating pains. The loss of blood was now excessive, but by the help of incrasating medicines and acids, she is happily recovered and hearty.

[It is very difficult to say what this tumour, removed by Mr. Watkins, really was. It is hardly possible that it could have been the inverted uterus, else its removal would have probably been followed by fatal results, but the description of its appearance is not unlike that of a chronic inversion. We can, therefore, only suppose that it was a fibrous tumour, which retained a slight connection with the uterus, which connection gave way under his attempts to "deliver her;" and we can well suppose that in these attempts twisting and dragging were freely used.]

Vide Boneti, 'Sepulchret.,' lib. iii, sect. 37; Ruysch, tom. i, Obs. 28 and 29; Forestus, 'De Morbis Mulierum,' lib. xxviii; Hildanus, Centur. 2, Obs. 24.

NUMBER 3.—*Hydatids of the Uterus.*

CASE 33.—*Hydatides discharged from the Uterus.*—In the year 1752 one of my pupils attended a poor woman, who, in the fourth month of her pregnancy, was taken with a violent flooding, which was restrained by opiates, but in three days returned with greater violence, accompanied with strong pains and frequent straining like a

tenesmus. At length she discharged a potfull of coagulated blood and hydatides, adhering to a membranous substance or to one another, like a bunch of grapes of different sizes, from the bigness of a nutmeg to the smallness of a hemp-seed. The patient was reduced to such a degree that we thought she could not possibly live; nevertheless, she gradually recovered, contrary to our expectation.

CASE 34.—*Hydatigenous Ovum*. (Communicated by Mr. CRAWFORD, of London, in the year 1753.)—I was called to a woman about the age of twenty-seven, who thought herself seven months gone with child. When I entered the room she stood leaning on the back of a chair, with an earthen pot betwixt her legs; she had voided near a pint and a half of blood into this receiver before I came, and at times evacuated the same quantity for near three months. Her flooding was then much abated; but she was very weak and low, though almost entirely free from pain.

When I examined the matrix I found the os tincæ open to scarce the breadth of half-a-crown, but nothing like the appearance of a child. Though her flooding was now but small, in consideration of her having enjoyed no rest for three nights before, she was, by my direction, put to bed, and took a composing draught, which made her sleep about two hours; but she waked with seemingly strong pains. I examined her again, and introducing my fore and middle fingers into the vagina, felt something which I mistook for clotted blood. It filled both my hands when I brought it away, and appeared to be a large bundle of hydatides, connected one with another by an infinite number of small slender filaments. These bladders contained a clear lymph, and were of different sizes, some as large as my thumb, and others as small as a pin's head; and her pains continuing, she evacuated as many as filled a two-quart bason; thus delivered, she was freed from her pains, her flooding ceased,

and the womb contracted to the size of my fist. Nevertheless, she was strongly possessed with the notion that there was a child remaining, and earnestly begged that I would bring it into the world. I assured her that she was already delivered of what she had mistaken for a child, and having prescribed what was necessary, left her very well satisfied and composed. Next day I found her easy; she continued to do very well, and, at the writing of this case, was in the fifth or sixth month of pregnancy.

N.B.—She had been delivered of two children before she was troubled with the hydatides.

Mr. Lamotte, in his sixteenth observation, gives an account of a woman that imagined herself gone with child above five months, who was delivered of a mole, or something of that nature, as big as two fists, composed of an infinite number of vesicles, tied to one another by membranes, and which held together like a swarm of frogs, after being excessively weakened with a continual loss of blood for eighteen days, which was slight at first, but became very violent before delivery, and stopped immediately after.

In Obs. 17 he gives an account of a woman that imagined herself gone seven or eight months, who passed a great quantity of waters, which, he thinks, was a real dropsy of the uterus.

In Obs. 18 he gives a case where the abdomen increased to a great height to the eighth or ninth month; and although the woman had her menses, she imagined she was so long gone with child, having missed one period at the beginning of her reckoning; but, instead of being delivered of a child, she, for several days together, passed an incredible quantity of wind, making the same noise as when it vents itself at the anus, but involuntarily. (*Vide* Ruysch, tom. i, Obs. 28.)

In 'Phil. Trans.,' No. 309, p. 2387, there is a paper by Mr. F. Young, giving an account of balls of hair, with bones in the middle, some like teeth, others resembling the mandible, with a few sockets and teeth in them, contained in different parts, as the uterus and ovaria, &c.

There are also accounts of the same kind by Dr. Edward Tyson, No. 2, p. 11, and by Dr. Sampson, No. 2, p. 49.

COLLECTION IX.

OF POLYPUS, SCIRRHOUSITY, AND CANCER, IN THE UTERUS AND VAGINA.

(*Vide* Vol. I. page 128.)

NUMB. I.—*Of the Polypus.*

CASE 35.—*Polypoid Tumour of Os Externum.*—A woman, turned thirty, who never had bore children, consulted me, in the year 1726, about a very extraordinary distemper. One of the sebaceous glands, on the right side of the os externum, and close to the carunculæ myrtiformes, had insensibly increased and swelled to such a degree, that I found it as large as a middling pear, hanging from the part by a long neck as thick as my little finger, and about half a yard long, so that the tumour reached down to her knees. I perceived the lower end, which was the largest, excoriated, and appearing like an herpes, though she felt no pain; and from this part a small quantity of blood was discharged during every menstrual evacuation. A ligature being applied to the neck of the tumour, close to its origin, it was amputated, and the wound cured without any difficulty.

CASE 36.—*Tumour growing from the side of Cervix Uteri.*—In the year 1742 a midwife being called to a woman in labour, about the age of twenty-six, felt not only the child's head pushing down through the os internum into the vagina, but, at the same time, another large, firm, round substance,

at the side of the head, protruding in the same manner. A male practitioner being consulted, could not discover the nature of this tumour, and left the patient, telling her it was surgeon's work. Nevertheless, the head was with great difficulty forced beyond the swelling, and the child delivered, though the midwife was unjustly accused by the neighbours of having pulled down the uterus. Some months after her delivery the tumour inflamed, and matter being formed below its surface, was discharged to such a quantity as emaciated and enfeebled the patient.

A gentleman being called to her assistance, desired my advice ; but when we consulted together no right judgment could be formed, because the tumour filled up the whole vagina, and the os internum could not be felt. We recommended a milk diet, and some time after the consultation we were called again, when we found the swelling forced down without the external parts, and could plainly feel the os internum, to the side of which the tumour adhered by a very short neck, about an inch thick, and of a livid colour towards the lower part. The os internum was pulled down in such a manner that the lips were perceivable, together with the upper part of the tumour, which had not as yet changed colour. Round this a firm ligature being made, the tumour was amputated, when we found the lower parts of its neck already livid. Before this separation the patient had been tormented with violent pains from the pulling down of the uterus and the straining of the ligaments, and at the time of the operation was very much exhausted, so that she died in two or three days after the excision.

The body being opened, the under side of the uterus was found mortified, and the right side adhering to the neighbouring parts, by which the ovarium and Fallopian tube of that side were covered and concealed. The tumour being cut open, appeared to be a solid, firm, glandular substance.

CASE 37.—*Tumour removed by Hand from Uterus after Delivery.* (Communicated in a letter from Mr. HOLYOAKE, dated January 29, 1750.)—The child presented with the back, and was extracted footling; and after delivery the placenta came away with little or no assistance; but the uterus still continuing remarkably large, Mr. Holyoake suspected that there was contained in it a great quantity of coagulated blood or another child. He accordingly introduced his hand into the womb, and felt a large fleshy substance adhering to the left side of the fundus, with small excrescences hanging from it like teats. At first he was afraid of extracting it, lest it should be followed by a mortal hæmorrhage; but, considering that a dangerous flooding might ensue from the uterus being thus kept distended, he resolved to separate this substance, which did not come away without considerable force, and weighed near two pounds, being of the texture of a polypus.

As he desired my opinion of this affair, I observed in my answer, that glandular excrescences, or polypuses, are commonly attached by vessels, and could not have been separated with the fingers; the placenta, when left and long retained in the uterus, is compressed into a scirrhus hardness; that the nature of molas is not yet ascertained; and, though sometimes unaccountable appearances occur, this substance seems to have been a large coagulum, which had acquired such firmness by pressure, in a flooding which might have happened before he arrived.

I myself had extracted as large coagula after delivery, though of a looser texture; but those formed in repeated floodings, before delivery, are more solid, and assume the appearance of a fleshy substance.

[This case is certainly a remarkable one, but I cannot say that Smellie in his opinions respecting its nature, throws much light upon it. He was never inclined to the marvellous, and in the

absence of conclusive evidence, was slow to believe extraordinary and exceptional occurrences. This cautious frame of mind shows itself here, in his reply to Mr. Holyoake, for he would have us believe the substance removed from the uterus by this gentleman was no more than "a large coagulum which had acquired such firmness by pressure, in a flooding which might have happened before he arrived"—that is, some time before delivery. This explanation, however, does not receive any support from the facts of the case. There was no symptom of hæmorrhage before or after delivery; Mr. Holyoake had not left the patient; the separation of the tumour required "considerable force," it weighed two pounds, and had the "texture of a polypus," which means, I suppose, that it was more or less fleshy and firm.

To my mind there is only one explanation can be given of this tumour—viz. that it was a submucous fibroid, which had been so far extruded from the uterine wall, that it only retained a comparatively slender attachment to its original nidus, and thus admitted of enucleation. No doubt this was a very bold proceeding, and probably had the operator fully realised the danger of what he was doing, he would have left the tumour there. Unfortunately we are not informed of the issue of the case. If the woman recovered, the practice pursued might be followed in any future case of a like kind; for such a favourable opportunity for the extirpation of the growth should not lightly be thrown away.]

CASE 38.—*Polypus and Fibrous Tumours of Uterus; sloughing; death.*—In the year 1753, I was called to a woman by Mr. Pinkstane, who informed me that she had been much weakened with large discharges from the uterus, at first sanguineous, and afterwards of a brownish colour and fetid smell; on examining the vagina, I felt the uterus largely stretched, with little or no neck, and a little above the pubes, the abdomen felt like one in the sixth month of pregnancy. The os uteri was thin, and so much open as to receive the end of my finger; and I found a small substance like a polypus lying loose within it. Two days after, being again called, the above gentleman told me, that the woman had something like pains; that the os uteri

was more open, and he could feel the substance adhering to the uterus by a small neck. This was really the case; but when he pressed on the abdomen to keep down the uterus, I felt a contraction higher, as if the neck of the polypus adhered to another round hard substance, much larger and higher in the uterus.

In two or three days more, I was again called, and informed he had hooked down the polypus with his finger, through the os uteri into the vagina. I then found it more sensible, adhering to a larger substance; yet at no time did I perceive any discharge on my finger. She was aged thirty-eight years, had been married about a year; and although regular in the menstrual discharge, her bigness gave some suspicion that she might be with child. She had been taken with frequent sicknesses and retchings; which, about six weeks before I was called, had increased, and she was every now and then attacked with violent pains; then followed the large discharges, which weakened her so much as frequently to throw her into dangerous faintings. Everything necessary was ordered as to diet and medicine, to support and keep up her strength; but the discharge was so great, that she at last sunk under it and died.

When the abdomen was opened, a large quantity of brownish fetid fluid was discharged, and a tumour appeared at the lower part, larger than a child's head, which we took first for the uterus; and from which we, with great difficulty, separated the peritoneum, omentum, and intestines; all these adhering so firmly to one another that we could scarce distinguish and separate them without tearing the parts. Finding we could not be informed properly, as the uterus lay in the abdomen, all was carefully dissected; and, when taken out, we found this large tumour was not the womb. We then endeavoured to find the ovaria and Fallopian tubes; but all the neighbouring parts adhered all

round so strongly that there was no such thing to be discovered.

Having dilated the fore-part of the vagina, we discovered the little polypus lying in it, about the bigness of a kidney-bean, with a slender neck about an inch long ; and opening the os uteri, we perceived a little cavity in the neck that had been stretched by the polypus which it contained. Tracing farther, we found the cavity of the fundus uteri, to our great surprise, no larger than in an unimpregnated state, and the neck of the polypus adhering, as we thought, to a round hard tumour that *was contained in the substance of the uterus, on the left side of the neck*. This being dissected out, seemed to be one of the glands increased to the size of a small pullet's egg, covered with the internal membrane of the uterus ; and the polypus adhered only to the inside membrane, and not to the gland. It was also covered by the peritonæum on the left side, and when cut open, was of a *whitish solid substance*. The polypus, when cut, was softer, and in colour and consistence like a kidney.

We then examined the large tumour, at first taken for the uterus, which was of a livid colour, and full of the same fetid brownish fluid that was found in the abdomen. We observed a small opening at the back-part, by which this had been gradually discharged into the abdomen, and another opening lower down through the rectum, which was livid. This circumstance showed that the fluid trickled from the tumour into the abdomen, and from thence through the rectum and fundament, and not from the uterus through the vagina, as had been imagined. This tumour *appeared to proceed from the fundus uteri* ; and, in examining more narrowly the substance of the uterus, which was white, solid, and a little thicker than common, we found another gland near as big as the first, and a little above, on the left side of the fundus, and contained also

in the substance of the uterus ; but when we cut open this gland, it was grown livid on the inside. We then concluded, that it was more than probable the large tumour was originally one of these glands that had increased gradually as the others ; that it had turned cancerous on the inside, and had been gradually stretched more and more with the cancerous fluid that had burst through, and was discharged as was before observed. The inside of the tumour was full of little hard knots, of the bigness of hemp-seed, and the coats about one-eighth of an inch thick.

The pain was much of the same kind as a burning heat and tearing, attended with a hectic fever, syncope, a low, quick, and sometimes an intermitting, pulse. These symptoms, before I examined the os uteri, made me imagine there was a cancer in the uterus ; but, finding the os uteri soft and not scirrhus, and in large hard bumps as in other cases when cancerous, I was at a loss what judgment to form, though I imagined it was more probably a gland of polypus, increased to a large size in the uterus, and turned cancerous, and that the small polypus was an appendix from that ; and as she had something every now and then like labour-pains, the large polypus, if it adhered to the uterus with a small neck, might be at last forced down into the uterus and taken off by a ligature.

[This is a most interesting case, related with considerable minuteness of detail, and apparent fidelity. The morbid appearances are also very well and intelligibly described, although the terms used are not in accordance with modern pathology.]

It seems to have been an example of multiple fibroid tumours of the uterus. A small polypus, with a long delicate stalk, also existed, growing from the interior of the uterus and hanging in the vagina. The principal tumour grew from the fundus, and had undergone a process of degeneration, whereby its exterior had given way, and allowed the discharge to escape, as stated by Smellie, into the peritoneum, from which it got exit by an ulcerated opening into the rectum. It seems difficult to understand how the patient escaped

rapid death upon the first rupture of this tumour and consequent extravasation of its fluid contents.

On two occasions I have seen death to take place within a few hours, after a precisely similar occurrence. I am disposed, therefore, to think there must have been some adhesion between the front of the rectum and back of the tumour, which adhesion was probably broken through in the course of the *post-mortem* examination, and thus escaped detection.]

CASE 39.—*Disease of Uterus and Ovaria.* (Communicated by Dr. HARVIE.)

[No doubt this was Dr. John Harvie, the same who, communicated Case 419, was married to Smellie's niece, was his successor in the Lectureship on Midwifery, and who inherited his property. At page 5 of Vol. I, I have given all the information I could collect about him.]

December, 1757.—A woman who had bore seventeen children, and was of a delicate constitution; about the age of forty-five began to be irregular as to the catamenia. Sometimes she had frequent returns, and at other times at an interval of two or three months, and generally much in quantity; always attended with more or less pain. She continued in this way for two years, when she was seized with violent throbbing pains above the left groin, and had no rest unless she took as opiate. A large quantity of serous fetid matter began to be discharged from the vagina, which by degrees brought her very low. She had consulted several physicians, but found no relief; at length I was sent for to inform her physicians of the state of the uterus.

Upon examining I found all the back-part of the vagina filled up with a large hard substance, the os uteri more forward than common, with large, hard, and ragged lips; from which the doctor and I agreed that the uterus was scirrhus and cancerous. She now also had great pain above the left groin, which we supposed to proceed from the ovaria and ligaments being also affected. She made water with great

difficulty, and never went to stool unless by the force of medicines. She had now no intermission of pain but by opium, which at last was increased to thirty grains in twenty-four hours. For several months before death, she continued in this deplorable situation.

I was afterwards desired to open the body, and found a considerable quantity of thin ichorous matter, of a very offensive smell, floating amongst the intestines; the peritonæum, the external coat of the intestines, was eroded everywhere as far as the matter had insinuated, and the intestines were everywhere adhering. At first I was at a loss to know from whence this matter came, or indeed to distinguish one part from another; but upon careful inspection found that the right ovarium was scirrhus, one end of which had formed into a large abscess and broke. The uterus was also scirrhus, and about the bigness of a goose-egg, and pressed so close to the pubes that no part of the bladder could be seen; the inside of the uterus, when opened, was wholly ulcerated. I then looked for the left ovarium, but not finding it *in situ*, and observing the uterus thrown closer to the pubes than might be expected from its bigness, it came into my mind that it might have fallen down behind the uterus; which accordingly was the case, the upper end of it lay upon the last vertebra of the loins, the bulk of it filling up all the concave part of the sacrum. The length of this ovarium was five inches; in thickness four inches, entirely scirrhus. Although it was not attended to in the dissection, yet the great quantity of matter that was discharged from the vagina when the patient was alive, must have been from the imposthumated ovarium corroding and making its way through the parts, as Case 38 did into the rectum, which prevented an ascites in the abdomen.

[The immediate cause of death in this case seems to have been the bursting of an abscess in the right ovary. It is worthy to note

that the left ovary was enlarged, displaced, and fixed in the concavity of sacrum.]

Bonetus, in his 'Sepulchretum,' lib. iii, sec. 32, Obs. 6, 8, &c., gives several instances of sarcomatous and glandular tumours, which were mistaken for the uterus, until the contrary appeared upon dissection.

Saviard, Obs. xxxvi, mentions a woman who imagined herself eleven months gone with child. The os internum being dilated to the bigness of a crown, they endeavoured to extract the extraneous body, but unsuccessfully. Since her imagining herself with child, she had every month a very considerable discharge of blood, which weakened her so much that she died. On opening her body, there was found, adhering to the fundus uteri, a fleshy mass of the bigness of an ox's heart, covered with a membrane, which seemed a continuation of that of the uterus, to which it adhered by a longish neck smaller than the tumour. There was a considerable cavity found in it that extended from its base to its point, into which the veins emptied themselves, and from whence the monthly hæmorrhage flowed. The substance of it was glandular and scirrhus, and its point gangrenous from the violence in the extraction.

Vide M. Levret's 'Observations sur la Cure radicale de plusieurs Polypes de la Matrice,' &c., Paris, 1749.

In the 'Philosoph. Transact.,' No. 481, p. 285, is a letter from Peter Templeman, M.D., to William Beattie, M.D., Fellow of the Royal College of Physicians, London, and F.R.S., concerning a polypus at the heart, and a scirrhus tumour in the uterus.

NUMB. 2.—*Of the Scirrhus and Cancer in the Uterus and Vagina.*

CASE 40.—*Solid Enlargement of the Uterus.*—In the year 1722, I assisted in opening the body of a woman

turned of seventy, who for a long time before she died, had been very big in the abdomen, and subject to retchings and colic-pains; the first disorder was supposed to proceed from water contained in cysts, and the other complaints from a distemperature in the spleen or kidneys.

The adipose membrane and omentum were of an extraordinary thickness. The uterus was almost as big as a child's head, and seemed very solid to the touch; when laid open, we could not perceive the least appearance of a cavity, which, in all probability, was filled up by the increase and pressure of the glands. The gall-bladder contained about twenty stones of different sizes, while the ovaria were small and shrunk.

CASE 41.—*Enormous Solid Enlargement of Uterus.*—Some time about the year 1734, an old female servant belonging to a lady in the country died in a very emaciated condition, her belly having been increased to an enormous size. The abdomen had begun to swell soon after the catamenia ceased to flow; and as it increased to a considerable bulk, she was afflicted with a difficulty in breathing, in making water, and going to stool. These complaints increased in proportion to the augmentation of the belly, particularly the difficulty in breathing; which would not allow her to lie in bed except when supported by pillows; though she was easier when up, especially when suspended by the arm-pits. A great number of deobstruent medicines were administered, as well as hydragogues; for the case was supposed to be dropsical; but everything proved ineffectual; and when she was opened, we were not a little surprised to find the swelling proceeded entirely from the uterus; which, when taken out, weighed about twelve pounds. It was altogether solid, without any perceivable cavity, of a white colour, and firm glandular consistence; and had pressed upon the intestines in such a manner, that about

four inches of the ilium were mortified. The ovaria were likewise much emaciated.

CASE 42.—*Diseased Uterus and Ovaria*.—When I opened the abdomen of the woman mentioned, Case 31, Collect. VIII, I found the uterus nearly as large as that described in the first case (No. 40) of this number; but the surface, instead of being smooth, was rendered unequal by large indurations as hard as a cartilage. The ovaria were affected in the same manner, and several scirrhusities appeared upon the omentum. The cavity of the uterus was irregular in consequence of those indurated swellings, the interstices of which were deeply ulcerated; the os uteri was large, unequal, and studded with tumours as large as pigeons' eggs; and the vagina was full of little ulcers with callous lips.

CASE 43.—*Uterine Tumours*.—I was lately called to a woman about the age of forty-five, who had never bore children, but, for ten years, had been irregular in the menstrual discharge, and always in great pains before its appearance; she had likewise been afflicted with the fluor albus in great quantity. I felt a large hard tumour filling up all the back part of the vagina, to which it closely adhered by a large basis; and it was with difficulty I could feel the os uteri cast forwards towards the pubes, and studded with large indurated swellings; from which she had been for several months subject to excruciating pains, so as to be obliged to receive a glyster every evening, with an opiate after its operation. She had likewise from time to time large evacuations of blood, as well as the other discharge in great quantity, often of a brownish colour and very fetid smell.

I have known a greater number of such cases, which commonly begin at the time when the menstrual discharge ceases, being occasioned by different accidents and irregu-

larities ; and generally prescribe venæsection once a month, and some gentle laxative once or twice a week ; by which means the uterus, though scirrhus, is kept in a state of indolence, without inflammation, or degenerating into a confirmed cancer.

N. B.—The above patient died since the case was sent to the press.

[The class of cases above described by our author, and of which he says he had “ known a great number,” must have been different forms and varieties of fibroid tumour, which is known to be an exceedingly common disease. These tumours he sometimes describes as *glandular enlargements*, and at other times as *scirrhosities*. Matthew Baillie was one of the first pathologists to give anything like an accurate description of these growths ; and he designated them under the name of “ tubercle of the uterus.” Since Baillie’s time various terms have been applied to them by pathologists, expressing in some degree their nature or character ; as myoma, hysteroma, muscular, fibrous, fibroid, &c. &c.]

COLLECTION X.

OF COMPLAINTS PROCEEDING FROM UTERINE GESTATION.

NUMB. I.—*Of Nausea, Vomitings, and Longings.*

(*Vide* Vol. I, page 135.)

CASE 44.—*Severe Vomiting in the Second Month; Abortion.*—In the year 1746, I was called to a woman, who having been attacked in the second month of her first pregnancy with violent retchings and vomitings, was persuaded by some of her acquaintance to take a vomit, which they supposed would remove the complaint. She accordingly took twenty-five grains of ipecacuana; which operated upwards and downwards with such violence, as threw her into convulsions and floodings; and when I came to her assistance, she was extremely low and faint. She immediately swallowed fifteen drops of liquid laudanum in a tea-cup full of mint-water; and I prescribed the following mixture to be taken occasionally:

R *Tinct. Rosar. rub.* ℥vss. *Laud. liquid.* gutt. xv. *Conf.*

Fracast. ʒij. M.

and between whiles a little burnt claret.

[The *confectio Fracastorii* here ordered is only another name for the *electuarium e scordio* (or diascordium), an astringent, antispasmodic compound, of which the most important ingredient was opium. The first name was applied to it from its having been introduced by Hieronymus Fra(s)catorius.

The evacuations soon ceased, and she enjoyed tolerable rest that night; but the discharge of blood returned next

morning, and pains coming on, she miscarried the following evening.

CASE 45.—*Severe Vomiting in Second Month.*—In about four months after this accident, the same woman became pregnant; and being again attacked with sickness at her stomach and retchings in the beginning of the second month, I was called to her relief. Finding she had exceeded the usual period of her catamenia about a week, I ordered eight ounces of blood to be taken from her arm, and she was immediately relieved. In four weeks after this evacuation, the retching began to return with more violence, the venæsection was repeated, and the complaint abated; she was twice afterwards blooded at the interval of four weeks with the same success, and happily went on to her full time; nevertheless, though these evacuations greatly diminished the complaint, it in a small degree recurred every morning till the middle of the fifth month.

CASE 46.—*Severe Vomiting in Second Month; Abortion.*—A woman, subject to nervous complaints, was, in the second month of her second pregnancy, attacked with violent retchings, for which she underwent gentle evacuations, and took draughts with the neutral salts to no purpose. The complaint, however, abated in consequence of her going into the country and drinking asses' milk for the space of six weeks; but when she returned to town, the vomiting recurred with greater violence, and she miscarried in the fourth month.

CASE 47.—*Violent Colic; Tenesmus; Abortion.*—In the year 1730, I was called to a woman who had been suddenly seized with a violent colic, and frequent straining like that of a tenesmus. She being costive, I ordered a glyster, which operated several times; but the straining continuing, I gave her twenty drops of liquid laudanum in a little

white-wine whey. In the mean time her sister, in putting her to bed, observed that she had undergone a large discharge of blood, and desired me to examine. I was not a little surprised to find the head of a foetus forced down into the vagina; however, I helped it along, and the placenta followed. This might be in the fifth month of pregnancy. I found her next day in a fair way of recovery; and was then informed that she had been privately married; and the preceding night, in order to conceal this step, had eaten heartily of a dish which was known to have been her favourite, notwithstanding a nausea, which threw her into those severe colic-pains and strainings that occasioned the miscarriage.

CASE 48.—*Violent Longing in Fourth Month; Abortion.*—A woman, who had bore children, had been uncommonly healthy during pregnancy, and used to banter her female companions on account of their antipathies and longings, was herself, in the year 1753, when four months gone with child, one evening unaccountably seized with a longing for an artichoke when she heard them cried in the street; but as they at that time sold at an high price, she resolved to check her desire as a piece of foolish extravagance, and went to bed without having indulged her appetite. She could not sleep, however; but became restless and anxious, felt a craving and uneasy sensation at her stomach, and could think of nothing but the pleasing and relishing dish of which she had balked her own inclination. Towards morning she was attacked by violent spasmodic contractions in her bowels, and I was just called in time to receive the little foetus; but there was no discharge from the uterus; so that I knew the placenta still adhered, and resolved to wait with patience until it should be disengaged and come away of itself. Being costive, she received a glyster; after the operation of which she swallowed the following

draught, to be repeated every four hours, for three or four times :

R *Confect. Damocrat.* ℥ij. *Aq. Cinnamom. Simp.* ℥iss.
Spirit. Syr. Croci ā ℥ij. *M.*

By these means she obtained rest and a plentiful sweat ; and next night there was a small discharge from the uterus, succeeded by after-pains, which discharged the secundines. (*Vide* Lamotte, Obs. 43 and 44.)

NUMB. 2.—*Of Obstructed Urine and Costiveness.*

CASE 49.—*Dysuria in Fourth Month of Pregnancy ; Prolapse of Uterus.*—Being called to a woman who, in her first child, had a total obstruction of urine about the end of the fourth month, I found her in great pain from a distension of the bladder ; for the suppression had continued full thirty hours ; and immediately gave her ease, by drawing off the urine with the catheter. For several days she had made water with some difficulty, and but a very little at a time ; and when I examined, I felt the uterus lower down than usual.

After having evacuated the bladder, I ordered her to be blooded, and a glyster to be administered, as she was costive. Next morning I found her in the same condition as before, she having passed no urine since the catheter was used. I again examined the state of the uterus, and felt it forced still lower down by the pressure of the overcharged bladder ; indeed, it was so low, that I could feel the length of the neck and the stretching of the fundus, which seemed to fill up the whole pelvis. I likewise examined by the rectum ; when finding it press strongly against the sacrum as well as the pubes, and feeling it uncommonly hot, I concluded that its whole body was inflamed. When I pressed my finger against the os uteri, so as to raise it up, some of the urine was discharged, but this being in small quantity,

I was fain to have recourse to the catheter, by which she was again relieved of the pain above the pubes, though she still continued to complain of great pain lower down in the pelvis. She had a quick pulse, accompanied with other feverish symptoms, for which bleeding was repeated to the quantity of ten ounces; and as the glyster had not operated according to expectation, I prescribed a solution of *Mann. ʒj. Sal. Glauber. ʒij. in aq. fontan.* and directed that the glyster should be repeated in case this haustus should not begin to operate in two hours.

Next day I was called again to evacuate the urine, and found that the draught had operated several times; but the pains in the vagina still continued, together with the fever, though not so high as the preceding day. I then advised her to be cupped and bathed, by which means her complaints abated, yet I was obliged to draw off the urine once in twenty-four hours for eleven days, before she could pass it in the natural way, and then she went on to her full time. She began to be troubled with this suppression about the same time in her next pregnancy; but by bleeding, and keeping her body open, it was prevented from being total.

I have had two other patients troubled with the same complaint about the same period of gestation, which continued fourteen days; and was overcome by the same method, namely, by repeated bleedings and glysters, together with the assistance of the catheter. I have frequently known a difficulty in making water happen at the end of the fourth, and vanish about the middle of the fifth month.

CASE 50.—*Retroversion of Uterus; Abortion; Death.*—I was lately called to a woman in the fifth month, and felt the fundus uteri forced down backwards to the lower part of the vagina, the os uteri being forward and above the inside of the left groin. The neck and under part of the bladder were so pressed, that the patient had not urined for several

days; the vesica was stretched up to the scrobiculus cordis, and a fluctuation was felt as in an ascites. The male catheter was used, because the other was too short, and emptied a great quantity of urine; so that the distension of the abdomen considerably diminished.

Next day, after the same operation, she miscarried; consequently the obstruction was removed: but being greatly emaciated by want of nourishment, she was in two or three days carried off by a diarrhoea.

[From the above very clear description, there can be no question but that the uterus was here retroverted; and therefore I have not hesitated to put this title to the case. The displacement had existed for some days; and, considering the woman's period of pregnancy ("in the fifth month"), we cannot wonder that the uterus was tightly wedged in the pelvis, and that this led to abortion taking place. Although Smellie recognised the malposition of the uterus, and so far made a correct diagnosis, yet he failed to realise to the full extent the nature and importance of the displacement, and its direct influence in the production of the symptoms, and he consequently made no attempt at rectifying it.

In some remarks on this subject in Vol. I, page 147, I omitted to refer to this case, though I alluded to Case 88, which was of a similar nature, but did not occur in Smellie's own practice.]

CASE 51.—*Tenesmus; Abortion.*—In the year 1746, being called to a woman who was seized with labour-pains, and a small degree of flooding in the third month, occasioned by a violent tenesmus, I ordered six ounces of blood to be taken from her arm, and prescribed an anodyne draught, which relieved her for several hours; but the pains returning, she soon miscarried. The same accident had happened to her twice before, from the same cause; for she was naturally very costive. She no sooner suspected herself of being with child again than my advice was demanded; and she being of a full habit, I prescribed venæsection to eight ounces, and a laxative glyster to be injected imme-

diately. Then I directed her to take about three drachms of the *Elect. Lenitiv.* every other night, to live chiefly on broths and boiled meats, with boiled roots and greens, and, as it was then summer, to eat ripe fruits. By this regimen her body was kept open, and she went on to the full time. (*Vide* Lamotte, Obs. 51 et seq.)

NUMB. 3.—*Of Swellings of the Legs, Thighs, and Pudenda. Hæmorrhoids.*

CASE 52.—*Constipation; Hæmorrhoids.*—In the year 1744, I visited a woman in the fourth month of her pregnancy, who was very much afflicted with costiveness and hæmorrhoidal complaints, to which she was naturally subject. At this time, however, they had increased to a great degree; and the pain was so severe, that she had enjoyed little or no rest for several nights. I prescribed venæsection to the quantity of ten ounces; and as she was averse to a glyster, ordered a bolus, consisting of—

R *Flor. Sulph.* ʒj. *Pulv. e Chel. Cancror. Simp.*
Œss. Elect. Lenitiv. ʒj. *Syr. Ros. Solut. q. s.*

to be taken at bed-time, in some water-gruel made with fresh butter. If this should not operate plentifully next morning, I directed it to be reinforced with *Sal. Glauber.* ʒij. *Mannæ* ʒj. dissolved in water. She accordingly took both prescriptions; in consequence of which she had three motions. The sphincter ani was so swelled, inflamed, and painful, that I thought it necessary to foment the parts with the steams of an emollient decoction, in which some sal. ammoniac was dissolved, with a mixture of spirit of wine and vinegar.

Notwithstanding these applications, the pain, swelling, and fever increased; and being afraid of using scarifications or leeches to a woman in her condition, without farther advice, I desired a physician might be called. He

ordered a repetition of venæsection and opening medicines ; by which the fever was allayed : but as the hæmorrhoidal swellings did not subside, we ventured to apply leeches to the parts ; about five ounces of blood were discharged, and the swelling immediately subsiding, she proceeded happily to the full time.

CASE 53.—*Œdema of Legs in Seventh Month.*—In the year 1744, I attended a woman whose legs had begun to swell in the seventh month of pregnancy ; and this swelling, which was of the leucophlegmatic or anasarca kind, continued, without giving her much disturbance, till the middle of the ninth month ; when being obliged to walk a considerable way upon some particular business, she, on her return to her own home, found her left leg and thigh excessively swelled and painful. Indeed, when I was called, I began to fear a mortification would ensue, for the skin appeared of a livid hue. The woman being otherwise of a strong and healthy constitution, I immediately ordered twelve ounces of blood to be taken from her arm ; and as she was costive, prescribed a purgative glyster, which operated three times. Her leg and thigh were fomented with a decoction of the same nature as that described in the preceding case ; and as the pain continued, an emollient cataplasm was applied over all the parts affected.

She enjoyed little rest that night ; and finding her fever, pain, and restlessness remaining next morning, I ordered her be bled again to the quantity of ten ounces. I directed her to take draughts with the neutral salts, to drink plentifully of an emulsion with nitre, and continue the use of the fomentation and poultice. Next day the pain and tension were a little abated ; but her pulse being still quick, she was again bled to the quantity of eight ounces, and the internal medicines, with the external applications, continued. By these means the inflammation was carried off

in a few days; and in a little time she fell into labour, and was safely delivered.

CASE 54.—*Edema of Labia and Legs in a First Pregnancy.*
—In the year 1750, a woman of lax habit of body, during her first pregnancy, ran into the extreme of being too abstemious, and drank nothing but water. In the fourth month her legs began to swell; and when I was called in the seventh, I found not only her legs and thighs œdematous, but also the labia pudendi so much swelled that she could not walk. This swelling, however, subsided, in consequence of a few punctures with the point of a lancet. I then prescribed repeated doses of the *Confectio Cardiaca*, and directed her to drink strong beer or wine instead of small beer or water. By these means she recovered a little from the languishing condition in which she was, though the swellings of the legs still continued; and when that of the labia returned, so as to prevent her taking a little exercise, it was reduced as before by the punctures.

In this manner she went on in her pregnancy to the end of the eighth month, when she was taken in labour; and though her weakness rendered the case tedious, she was safely delivered of a very small child that lived some weeks. She recovered tolerably well of her lying-in for the first twenty days, and the œdematous swellings subsided; but her constitution having been so much weakened and impaired, the whole surface of her body began to be puffed up with an anasarca. This case being without the sphere of practice to which I had confined myself, I desired that other advice might be used; notwithstanding which the disease still increased, and carried her off in about six weeks after her delivery. (*Vide* Lamotte, Obs. 45, 46, 47.)

NUMB. 4.—*Of Pains in the Back, Belly, Sides, together with Vomitings and Difficulty in Breathing, towards the end of Pregnancy.*

CASE 55.—*Repeated Miscarriages ; ill effects of Bleeding.*—In the year 1744, I was called to a woman of a weak and lax habit of body, in the third month of her pregnancy, who was seized with violent pains in her back, and a discharge of blood from the uterus ; but before I arrived she had miscarried. I then understood she had formerly suffered a great deal from violent floodings in her second pregnancy, when at her full time, by which her health was weakened and impaired ; since that misfortune she had four times miscarried in the third month, notwithstanding her having been blooded by way of precaution ; which indeed she imagined had hastened the miscarriage, by throwing her into fainting fits, accompanied with pains in the back, which were always the forerunners of flooding. I advised her to go to Bath and drink the waters, in order to strengthen her constitution before her next pregnancy ; and this expedient had the desired effect ; for soon after her return she became pregnant, and went on to the full time.

I have had several instances of women of a lax habit who could not bear evacuations, but miscarried in consequence of them.

[This was clearly an unsuitable case for the employment of the lancet. The patient was of a weak and lax habit of body, which means she was in a more or less cachectic state. Smellie gave her sound advice, and the result was most satisfactory.]

CASE 56.—*Severe Dorsal Pain in Fourth Month.*—A woman of a strong and healthy constitution was attacked, in the fourth month of her second pregnancy, with a violent pain in her back, for which I ordered ten ounces of blood to be taken from her arm ; and as she was constipated, a laxative glyster to be injected. By these means the vio-

lence of the complaint was abated ; but next day her pulse continuing quick and full, the venæsection was repeated to the quantity of eight ounces, and a strengthening plaster applied to the back. These precautions being taken, she proceeded tolerably well till the eighth month, when she was seized with stretching pains in the abdomen and side. I again prescribed phlebotomy to the amount of eight ounces, and directed the parts affected to be frequently anointed with pomatum. By which means her complaints were relieved, and she went on to the full time.

She had miscarried in the third month of her first pregnancy, neglecting the precaution of being bled when she was seized with pains in her back, and other plethoric complaints.

I have been consulted in many such cases ; and always find, that women of a full habit are relieved by venæsection at any time of pregnancy.

CASE 57.—*Vomiting and Dyspnœa in eighth month.*—In the year 1747, a woman was towards the end of the eighth month of pregnancy, attacked with vomitings and a difficulty in breathing ; which increased to such a degree, that she could not lie in bed, but was supported by pillows, in a posture between lying and sitting ; nor could she retain either solids or fluids on her stomach. I was called about the middle of the ninth month, when I found the uterus stretching higher up than is usual in the abdomen. I was informed that she had nearly the same complaints, though not to such a degree, in two former pregnancies ; that she seldom went abroad, took little or no exercise, but frequently lay on the bed, and that her dress had been always loose. In consequence of these hints and observations, I supposed that her complaints proceeded from the pressure of the uterus, and ordered six ounces of blood to be taken from her arm. I likewise prescribed draughts with the

neutral salts ; but these being rejected by the stomach, I directed about half a pint of strong beef-broth to be injected by way of glyster four or five times a day, to supply the want of nourishment by the mouth ; and this succedaneum had the desired effect. Indeed I dissolved four grains of opium in the two first that were administered, in order to prevent their being discharged ; but when the intestines were emptied, they remained without the opium, and were taken up by the absorbent vessels.

By these glysters she was effectually nourished, and the dyspnœa relieved by frequently taking the air in a coach, till she arrived at the full time, when she was delivered of a small weakly child and a great quantity of water.

In her next pregnancy she laced tighter at first, slackening by degrees as she increased in bulk, and took a good deal of exercise ; by which precautions her former complaints were prevented from returning.

[I am very confident that bleeding might be advantageously employed for many ailments in pregnancy, much more commonly than it is. I freely confess that the fear of running counter to popular opinion has often deterred myself—and probably many other practitioners—from using the lancet, lest it should prove ineffectual, and failure be then attributed to its employment.

From the above and many other cases we see that Smellie was very much in the habit of using nutritive enemata, and was well aware that they could be completely taken up by the rectum.]

CASE 58.—*Cachexia from Indolence*.—In the year 1746, I attended a patient in her first labour, who was of a leucophlegmatic habit, lived in an indolent manner, and had the same complaints that are described in the preceding case, though not to such a violent degree. I was not called until she was in labour ; which proved very tedious from her weakness ; and I advised her to take more exercise, if ever she should be pregnant again. About two years after

this period I was summoned again ; but she was delivered some hours before I reached the place of her abode. Far from having followed my advice, I understood she had acted in diametrical opposition to it ; dressed in a loose slovenly manner, without even walking in her room, but rather chose, towards the end of her pregnancy, to be always in bed, supported with pillows ; the dyspnœa and retchings had begun sooner than in her first pregnancy, and she seemed to be in a very weak and dangerous condition ; for after delivery her complaints did not abate. I advised those who were present to send immediately for the physician of the family, and left her to his care ; but the *vis vitæ* was so much exhausted that she died in two days. As for the child, it had been dead for several days before delivery. (*Vide* Lamotte, Obs. 50.)

COLLECTION XI.

OF DISEASES THAT OCCUR AT OTHER TIMES AS WELL AS
IN UTERINE GESTATION.

(*Vide* Vol. I, page 154.)

NUMB. I.—*Of Stones or Gravel in the Kidneys or
Bladder.*

CASE 59.—*Renal Calculi in Seventh Month.*—In the year 1747, I was called to a woman in the seventh month of her second pregnancy, who had been several years subject to violent gravel-pains in the kidneys, from which divers small stones had passed into the bladder, and were discharged with the urine. When I arrived, she was in great torture from a stone, which she imagined had stopped in the right ureter; she was seized with violent vomitings and strainings, and her urine being high-coloured, I was afraid of a miscarriage. In this apprehension, I ordered ten ounces of blood to be taken from her arm, a glyster to be administered, and after its operation, prescribed ten grains of *Pil. Matthæi*, by which means the violence of the pain was allayed, and in a little time the stone passed into the bladder. She was afterwards, from time to time, subject to pains from the passage of gravel, but not to such a violent degree; though it was much more severe, and returned more frequently during pregnancy, than at other times.

CASE 60.—*Large Vesical Calculus discharged during Labour.* (Communicated by Mr. ARCHDEACON, Surgeon at St. Neots, in a letter dated September 19th, 1747).—One Gibbs, the wife of a coal-porter in this place, had long complained of violent pain in the bladder, with other symptoms of a stone; but met with little compassion, because suspected of idleness, rather than of having any real disorder. She afterwards proved with child, and endured great torment all the time of gestation, till she fell in labour, when the midwife being called, was surprised to find a hard body presenting before the head of the child. She did not know how to act upon this occasion; but the patient's circumstances not permitting her to employ a male practitioner, patience was the only remedy she had to support her through a long and painful labour. At last the midwife felt something come away, and, upon examination, found it was a stone of the shape and size of a goose's gizzard, weighing five or six ounces, which she afterwards gave to Dr. Waller of Cambridge. The child followed immediately after it was discharged, and proved to be a boy, who is now a blacksmith in London, about twenty-eight or thirty years of age. The woman recovered very well, but was troubled with an involuntary emission of urine; she afterwards bore a daughter, and lived several years, until she was shot by accident at a gentleman's house in this town.

[There is something very quaint in the way this history opens—"One Gibbs, the wife of a coal-porter," &c. Her case is a remarkable one, but unfortunately its narrator, Mr. Archdeacon, gives very imperfect details. The pressure of the child's head must, under the influence of the labour-pains, have forced out the stone from the bladder, most probably lacerating the urethra and the neck of the bladder to a considerable extent, so that a permanent incontinence of urine ensued.

It has very rarely happened that a vesical calculus has been thus forced down below the pelvic brim by the advancing head. Such a

case never came under my knowledge, and if Mrs. Gibbs had been attended by a competent practitioner, she would, in all probability, have escaped the miserable accident which happened. At page 297 of my 'Clinical Memoirs on Diseases of Women,' a case is related of a woman from whom a large calculus was removed from the bladder at the beginning of the seventh month of pregnancy, without disturbing gestation, which proceeded naturally to its close. It was the patient's first pregnancy.]

In 'Phil. Trans.,' No. 202, p. 817, there is a paper by Dr. Thomas Molineux, giving three cases of young girls of six, ten, and eleven years of age, from whom stones were extracted by dilating the urethra without cutting, although in the last the stone was of a large size. And another paper, in p. 818, of a woman who voided a stone that weighed above two ounces and a quarter. A stone about the same magnitude was voided by another woman of sixty-three years of age, as attested by Dr. Richard Beard, No. 178, vol. v.

There is also a paper from Dr. Beale, No. 18, p. 320, describing a stone taken out of the womb of a woman by incision, that weighed near four ounces.

CASE 61.—*Large Renal Calculus.*—Bonetus, in his 'Sepulchretum,' Book III, Sect. 38, Obs. 1, relates a case of a woman who was for many years afflicted with a most violent pain in the left kidney, and though fourteen times with child, was always delivered before her full time, in the eighth or beginning of the ninth month. When she died, he opened her, and found the left kidney quite wasted; the right kidney was very much swelled, and contained a very large stone.

The thirteenth case was that of a woman who was for many years subject to convulsive disorders of the hysteric kind, which were more violent when she was with child; and she commonly miscarried at the end of the third month, and at last died of an apoplexy. When she was

opened, contrary to his expectation, the womb appeared to be perfectly sound, and he could find nothing about those parts that could occasion the disorder; but, in opening the head, he found a large quantity of water lodged in the cavities of the brain, which he alleges was the occasion of those spasmodic pains and disorders, and of the abortions that followed.

He has several other cases of abortions, occasioned by several other causes. (*Vide Collect. XII of this book.*)

NUMB. 2.—*Of Hernias.*

CASE 62.—*Crural Hernia in Early Pregnancy; Cure.*—In the year 1746, I was bespoke to attend a patient in labour, who from her infancy had been affected with a small hernia in her left groin; which, however, disappeared in the fifth month of her pregnancy. As it still continued up when labour came on, I directed an assistant to press her fingers on the part during every pain, to prevent it from being overstrained; and she was safely delivered. I expected the hernia would return as soon as she should be recovered and walk about, because this was the case of another woman nearly in the same situation, though the hernia was larger and on the left side. I was, however, agreeably disappointed; for it has not yet reappeared, though I have delivered her twice since that period.

CASE 63.—*Crural Hernia during Labour.*—I delivered a woman in the year 1727, who had been afflicted with a rupture in the left groin, during the whole time of uterine gestation. Though she could reduce the hernia, it was forced down by every pain, and gave her great uneasiness. The labour being pretty far advanced when I arrived, I took the opportunity of reducing the hernia upon the cessation of the pain, pressing my fingers up on the part, and directing her to lie on her left side, with her thigh

close up to the abdomen, a position which favoured its keeping up, and prevented the anguish which retarded the labour. She was accordingly safely delivered; and when she recovered from her lying-in, I recommended a truss, by which the disorder was palliated.

CASE 64.—*Umbilical Hernia in Pregnancy*.—I attended a patient, who, after a labour, was afflicted with an exomphalos, which disappeared in the eighth month of uterine gestation, but returned after delivery.

CASE 65.—*Perineal Hernia in time of Labour*.—In the year 1731, I was called to a woman who had felt a swelling gradually increase at the left side of the anus; and this tumour disappeared when she was in bed, but always returned in the day when she was afoot. This hernia continued down all the time of her first labour; upon which an inflammation and strangulation of the intestine ensued, so that it could not be reduced as usual. But as she had a large discharge of blood after delivery, and the parts were fomented with discutient fomentations, reinforced with warm and emollient cataplasms, the stricture was overcome, and the hernia reduced.

In her next labour, the intestine was forced down by the pains, which had also pushed down the membranes with the waters, and considerably opened the os internum. The hernia was, however, reduced by opening the os externum, introducing my hand into the vagina, and pushing the intestine above the os sacrum. By this operation the membranes were broke, the waters discharged, and the head being forced down into the pelvis, kept up the intestine; then she was safely delivered, without undergoing the same risk she had run before.

CASE 66.—*Perineal Hernia; Strangulation; Sloughing*.—In the year 1746, I had occasion to examine an hernia

of the same kind in a woman who, about two years before I saw her, and a month after she was delivered of her first child, had felt a swelling on the left side of the perineum and anus, which she imputed to the violence used by the midwife in delivering her. The swelling increased considerably, hanging down in the day, though while she was in bed she could gradually thrust it up into the pelvis between the vagina and rectum, by introducing two fingers into the vagina, and pushing it up until she found it returned into the abdomen ; but when she arose it always relapsed. About three quarters of a year after this tumour had first appeared, she conceived, and was seized with a violent cough, which forced down the intestine in such a manner as to increase the swelling to the size of a man's fist. As she augmented in bulk, she found greater difficulty in reducing the hernia, though the reduction became more necessary, from the pain occasioned by the pressure of the uterus, insomuch that she was frequently obliged to lie down on purpose to effect it.

About five weeks before she fell in labour, the tumour increased to such a degree that she could not reduce it at all ; and thus she continued for several days in great pain. As she had been an out-patient of St. George's Hospital, Dr. Ross sent her husband with a message to me, desiring that I would send one of my pupils to her assistance. It was late when I received this intimation ; and the place of her abode being at a distance, I desired Mr. Tomkins to visit her ; but she would not allow him to examine the tumour. Next morning I accompanied him to the place, and found her in great agony ; the part was livid, and all round the edge of the swelling of a fiery red colour. She lay on her side ; and when turned upon her back, for the convenience of examining the tumour, it broke in the middle, where the skin was thin, and where there was a small fluctuation underneath. From the opening, which was small,

issued about a spoonful of pus mixed with blood, and immediately after this discharge, a thin fluid of a greyish colour, to the quantity of half a pint.

This rupture no sooner happened, than the patient exclaimed that the intestine was gone up, and that she was perfectly free from the pain, which the moment before had been so violent. We were very much alarmed at what had happened, because this fluid, which still continued to flow in a small quantity, appeared to be the contents of the ileon, part of which, we concluded, must be mortified. She being costive, the colon was emptied by a glyster, a pledget applied to the aperture, and she was ordered to take no other sustenance but soup made of lean mutton or beef. She recovered, contrary to our expectation, went on to the full time, was delivered by Mr. Tomkins, and some months after her delivery called upon me, when I found the hernia had kept up, and the part appeared firm, though a little ichor continued to ooze from the small orifice; so that I imagined the inflamed intestine had adhered to the neighbouring viscera, after the mortified sloughs had been cast off.

She was frequently troubled with violent pains and great weakness in that side of the belly, as if the gut was become narrow and contracted, so as to hinder the easy passage of the ingesta. In about five months after this cure, the rupture reappeared, in consequence of her overstraining at a wash-tub; and she being again pregnant, it was several times reduced by one of my pupils, by whom she was likewise safely delivered.

She afterwards sickened of the small-pox, and died.

[The above is a most interesting history, and narrated with great clearness. This case is one of those quoted by Sir Astley Cooper, in his great work on ruptures, under the head of "Perineal Hernia." Two most remarkable features in the case were the sloughing of the herniary tumour, with the formation of a temporary faecal fistula, and

the uninterrupted continuance of utero-gestation whilst this artificial anus was being formed.]

CASE 67.—*Large Tumour behind the Vagina obstructing Labour; Displacement of the Tumour and Delivery with Forceps.* (Communicated in a letter from Mr. STUBBS, of Bedfordshire, dated Feb. 2, 1752.)—He was called to a woman near forty years of age, in labour with her first child, and understood a midwife had been in waiting ten hours, and that the membranes were broke. The vagina and pelvis were filled up by a tumour, which at first touch he mistook for the head or nates of the child, for he had scarce room to introduce one or two fingers betwixt it and the pubes; but opening the os externum, and pushing up this tumour, he felt the os uteri largely dilated, and the child's head resting against the pubis.

He withdrew his hand, which was very much cramped and pressed; and having rested a little, and considered the nature of the tumour, *which probably proceeded from the intestines pushed down at the back part of the vagina*, he again insinuated his hand, and pressing strongly upon the tumour, it was reduced, and the head immediately descended into the pelvis: then it was delivered by the forceps, because the woman was weak; and both mother and child did well.

[The question, "Was this tumour really a herniary protrusion, or an enlarged ovary lying in Douglas's space?" may fairly be raised here. Smellie takes it for granted it was the former (though he did not see the case), and designates it accordingly in the index. But the history of the case, as here given, leaves room for grave doubt as to the correctness of this explanation; and that Smellie himself was not thoroughly satisfied in his own mind on this point, would appear from his saying that the tumour "probably proceeded from the intestines pushed down at the back of the vagina." I have never known an instance where an intestinal protrusion occupied such a position during labour; but I have seen several cases where ovarian tumours, so situated at the beginning of labour,

admitted of being pushed up by the hand, above the pelvic brim, or were otherwise removed out of the way of the advancing head.

The following is a good example, and shows what nature can sometimes accomplish under these circumstances :

A tall, delicate-looking woman, aged 36, was admitted into the lying-in hospital (Dublin), in labour of her second child, in January, 1857. It was six years since her last child, a girl, which was born alive after an easy labour. The first stage was tedious, and when the os uteri was nearly, but not quite, dilated, the membranes broke. The head was high up at the brim, and a moderately firm fleshy tumour was felt behind and to the left side of the vagina, and in point of size was somewhat bigger than a turkey's egg. It was very discernible from the rectum, but did not feel directly in front of it. My best efforts to push up the tumour failed, but I could not use much force, as it gave her extreme pain. During the presence of the labour-pains, which were slow in their returns, the tumour was pressed down and became tense and swollen. A portion of the anterior lip of the os was low down, and could not be pushed up above the head. At this time (8 p.m.) the foetal heart was audible; the woman's pulse 100; the pains moderate; and the foetal head still at brim. At 11 p.m. the anterior lip was longer and more congested, but by a little caution I got it up above the head, where it remained. She was ordered beef-tea and a stimulating enema.

At 2 a.m. I examined her again and was much gratified to find that the tumour had disappeared, and that the head was fairly in the pelvic cavity, and the ear could be easily felt. The foetal heart was audible. Her pulse was now 110; the tongue somewhat furred; and she was a good deal fatigued, having been in labour about thirty hours. I therefore thought it well to terminate her labour. She was put under chloroform, and by means of the forceps I easily extracted a living girl. Both mother and child eventually did well; but on the second day the former got a sharp attack of metritis, which yielded to leeching, poulticing and opiates, &c.

This history very closely resembles Mr. Stubbs' case in its prominent features, except that he was fortunate enough to succeed in pushing up the tumour, which I failed to do. Had I passed the entire hand into the vagina I probably should have succeeded. Though the issue of this case was satisfactory, still if a similar one again occurred to me I would pass on the hand and turn, failing to push the tumour up out of the pelvis.]

NUMB. 3.—*Of an Ascites during Pregnancy.*

CASE 68.—*Ascites discovered after Delivery.*—In the year 1747, I was called to a woman immediately after her delivery, who, from the bigness that remained, imagined there was another child in the uterus. Upon examining in the vagina, I could find nothing to justify this notion; but in the abdomen, which was very large, I plainly felt a fluctuation of water. This increased considerably after she recovered of her lying-in; when I advised her to consult her physician and surgeon, who, in order to relieve her of the anguish proceeding from the distension of the parts, tapped her several times before she died.

CASE 69.—*Anasarca.*—It will be unnecessary to describe particular cases of the anasarca. I shall therefore, once for all, observe, that I have been called to several patients of a weak and lax habit, and found the cellular membranes swelled over the whole surface of the body. By the method prescribed in Collect. X, Case 54, all of them were relieved and strengthened before delivery, except one woman, who, after delivery, was, from excessive weakness, carried off by an universal anasarca. (*Vide* Mauriceau, Obs. 81, and ‘Medical Essays of Edinburgh,’ vol. v, page 642.)

An account of an *Hydrops Ovarii*, by Dr. J. Douglas, No. 308, p. 2317, of the ‘Philos. Trans.’—A woman, not long after she had lain-in of her first child, received a violent blow on the left side of her belly; the pain abated in two or three days, but returned in two months, when she observed that side gradually turn bigger than the other, and the pains increased; but in three months after she was first afflicted with them they went off, when she turned pregnant, and had no other symptom than what is common in that state, only she was much bigger than ordinary; after delivery, the swelling abated but little. In about

a year after, she again conceived, went on to her full time, was delivered of a live child, but was so weak that she died on the third day. On the doctor's opening the abdomen, there issued out a vast quantity of slimy viscid water, in colour and consistence very much resembling a brown, thick, and ropy syrup, to above sixteen or seventeen gallons, which he imagined was contained in a duplicature of the peritoneum, as the intestines did not appear; but after examining more narrowly, he found that the thick membrane, including the waters, could be separated from the viscera and peritoneum. This bag reached from the pubes to the midriff; and from the left region of the loins to the right, and filled up the whole cavity of the abdomen, distending her belly so far, that a plate could easily lie on it when she was alive. After he had freed it from all the neighbouring parts, he found it adhered inseparably to the left Fallopian tube; and that it was nothing but the membrane of the ovarium thickened and distended by the collection of the above-mentioned humour. All the other viscera in the abdomen were sound, and in their natural state.

There are several other papers of such cases in 'Phil. Trans.,' viz. No. 140, p. 1000. In a woman opened by Dr. Henry Sampson, the left ovarium was increased to such a bigness, that it and the fluid contained weighed with the uterus, that was but light, 137 pounds. (*Vide* No. 348, p. 452, by Dr. Hollings.) And another, in No. 381, p. 8, of a dropsy in the left ovarium, of a woman of fifty-eight years of age, cured by a large incision made in the side of the abdomen, by Dr. Robert Houstoun; who relates the following particulars.

A woman near Glasgow, in her last lying-in, at forty-five years of age, suffered much from her midwife's separating and pulling away the placenta with too great violence, and was so sensibly affected with a pain which then seized her left side, between the navel and the groin,

that ever after she had scarce been free from it, but had it more or less for thirteen years together. That part of the abdomen increased, and gradually stretched to a great bulk, and at last drew to a point, when the doctor made by degrees a large opening, from which was first discharged a gelatinous substance, and then about nine quarts of such matter as is observed in steatomatous and atheromatous tumours, with several hydatides of various sizes, containing a yellowish serum, and several pieces of membranes, which seemed to be parts of the distended ovarium. After this, he stitched up the wound with three stitches, and by a careful management the woman recovered and lived several years.

The doctor says, it plainly appeared, that the pain arising from the delivery of the placenta, and its continuing, was the occasion of an inflammation of that part of the uterus and neighbouring parts; and several writers corroborate this opinion, as Cyprianus, Forrestus, Ruysch, &c. Others have given remarkable cases of dropsies of the ovarium; particularly one is described by Drelincourt, which seemed to be nothing but a number of little globules clustered together; some containing water, exceedingly clear and limpid; others, a yellow thin serum; and others again a glutinous matter; some were as big as pullets' eggs, others bigger than a man's fist. The body of the ovarium, with its contents, weighed sixty pounds.

These few, out of many instances from authors of undoubted reputation, he alleges, suffice to prove, that the ovaria, as well as the tubæ Fallopianæ, ligaments, and uterus itself, are not free from dropsies, &c., and that they are owing to obstructions, often occasioned by rude and violent dealing with women in hard labours. In No. 423, p. 729, is a similar case from Mr. John Belcher; and in No. 466, p. 223, another from Dr. Short.

NUMB. 4.—*Of the Lues Venerea.*

CASE 70.—*Syphilis in Pregnancy ; Delivery ; Infection of Child.*—In the year 1741, one of the poor women attended by my pupils, being near the full time, had a bubo in the groin, and her throat began to be affected with a venereal inflammation. Poultices were applied, in order to bring the tumour to suppuration ; and small doses of calomel were given internally, to restrain the infection, until she should be delivered. These methods seemed to succeed ; she was safely delivered of a male child, which at first had no appearance of infection ; but in about eight days, the scrotum and penis began to swell, inflame, and break out in little ulcers ; the whole body was soon covered with venereal blotches ; and it was attacked by a cough, which destroyed it in three weeks after it was born. As for the mother, the bubo was brought to suppuration, and the matter discharged ; and I designed to have sent her to an hospital for the cure of the lues, as soon as she should be in a condition to be removed ; but the ulcers in her throat grew worse and worse : in about a fortnight after delivery, her lungs were affected, a consumption ensued, and death was the consequence.

It is observed, in general, by the gentlemen who have frequent opportunities of salivating pregnant women in the hospital, that it is performed safer in the first six or seven months of pregnancy, than in the last two or three months, because they are then in danger of being delivered at the height of the salivation. But that they are less subject to miscarry in the fifth or sixth months, than in the first four months ; that women ought not to undergo a salivation, unless the disease is likely to prove destructive by phagedænic ulcers in the throat, &c., for if the disease can be palliated till the patient is recovered of her lying-in, if she

suckles the child, and is then salivated, both she and the child will be cured with greater safety. That women of a full habit should be bled, live abstemiously, and take opening medicines, before they are anointed with the mercurial ointment: also, if the menses are expected, we ought to wait till the evacuation is over, either in those that are pregnant, or in those that have them during pregnancy.

The following observations are from Mauriceau, with regard to the treatment of pregnant women affected with the venereal disease.

In Obs. XXIII, p. 20, he gives an account of his being called to see a young woman, aged twenty-two, in the seventh month of pregnancy, who was then under a salivation for the lues venerea, and who spit near three quarts a day; and yet was happily delivered at the full time of a healthy child.

In Obs. LXXI, p. 60, he mentions his having seen such a case as the former; only the patient was gone with child but two months and a half, and a moderate salivation was carried on for a month; the use of the warm bath was forbid; and the woman was at last safely delivered of a healthy child.

In Obs. C, p. 83, a like case with the former is mentioned, with a remark, that in all cases where a pregnant woman is infected with a lues venerea, it is safest and properest to salivate them in the earlier months of pregnancy, when the evacuation will less affect the foetus.

N.B.—Two other cases are mentioned; but in one of them the patient had only a gonorrhœa, which, though not cured, did not affect the child; and in the other case the patient was only suspected of being poxed.

COLLECTION XII.

OF MISCARRIAGES, OR DELIVERY BEFORE THE FULL TIME.

(*Vide* Vol. I, page 163.)

NUMB. 1.—*Of what may occasion the Death of the Fœtus in Utero.*

CASE 71.—*Death of Fœtus from Knot on Funis.*—In the year 1746, I was sent for to a woman near the full time of her first pregnancy, who imagined she was in labour; but I found the os uteri close shut; and upon inquiring more minutely into the nature of her complaints, I thought they proceeded rather from the colic than from any tendency to labour; and she told me she had not felt the child stir for eight or ten days. I ordered her to be bled, and the intestines emptied by a glyster; and these evacuations, together with an opiate, carried off the pains. In five or six days I was called again, and found the os uteri largely open, the pains strong and frequent; and though the case was tedious, she was safely delivered.

The whole body of the child, together with the funis, was livid; and this last, which was ten handbreadths long, had a knot in the middle tight drawn, that part which had passed through the noose being small, and the rest very much swelled. The child seemed to have been dead about fourteen days; and the death, doubtless, proceeded from the knot's being drawn so tight as to obstruct the circulation.

I was concerned in another case, where there was a knot

upon a long funis, yet not so close drawn but that the child was alive.

CASE 72.—*Knot of Funis round Neck*.—I once delivered a woman of a dead child, round whose neck the funis had formed a kind of noose or knot; yet its death seemed rather to proceed from a hurt in the delivery; for the arm presented, and the child being brought footling, I found more difficulty than usual in delivering the head.

CASE 73.—*Fatal Pressure on Funis*.—In the year 1747, I was called to a woman in labour, and felt the os uteri backwards towards the sacrum, and a little open, though I could feel no waters. The head pressed down the uterus before it to the lower part of the pubes; and I felt something unequal, like a long flat substance, between the uterus and globular part of the head. This, upon delivery, appeared to be about two inches of the funis pressed flat and mortified; and the child seemed to have been dead for some days.

CASE 74. — *Fatal Constriction of Neck by Funis*. — Another child, which presented with the arm, I delivered footling, and found the funis wound three times round the neck, and, at the abdomen, it was drawn very small, and flattened. This, no doubt, was fatal to the child, who had been dead many days.

[It is not intended here to convey the idea that the child's death was caused by strangulation, but rather from interruption of the umbilical circulation, owing to the tightness with which the cord was drawn around the neck of the fœtus. An exactly similar case fell under my own observation quite lately, in which the constriction was so great that the circumference of the neck was reduced to nearly one half. This child had been dead for some days before birth. Curious to say, this child, a girl, also presented—as in the above case—with the arm, and I delivered by turning. Supposing

the constriction around the neck was sufficient to interrupt the circulation in this part, without affecting that of the funis, what would be the result to the fœtus? Could the great functions of circulation and nutrition still go on after the circulation in the great centre of the nervous system had been seriously impaired?]

CASE 75.—*Death of Fœtus from Fright.*—In the year 1749, I delivered a woman, who, about fourteen days before, had been excessively frightened at the second shock of the earthquake which happened in London. In the instant of her terror, she felt the child bound surprisingly in her womb, a tremulous motion ensued, and after that minute she never felt it stir. She was taken with a vomiting and purging in the eighth month, which brought on the labour-pains, and delivered her of the child, which was entirely mortified. The cuticula was easily stript off, the abdomen swelled, and the scalp and bones were loose and pappy.

I have attended in many cases where much the same symptoms occurred in the three or four last months of pregnancy; and the child was generally dead, though sometimes it chanced to be alive. Women often miscarry about the fourteenth or fifteenth day after accidents, fevers, excessive fatigue, &c., and labour is commonly brought on by super-purgation, sickness, and retching; and sometimes by the breaking of the membranes. I have likewise known many women miscarry, though nothing extraordinary had happened, and no cause could be assigned for the death of the child.

[Patients, in whom the children died before labour, have many times assured me that on the last occasion on which they were sensible of the child's stirring, its movements were unusually violent, just as mentioned in the foregoing case. By his statement that "women often miscarry about the fourteenth or fifteenth day after accidents, fevers, excessive fatigue, &c.," I take it he means about the fourteenth or fifteenth day *after that on which the death*

of the fetus was presumed to have taken place; and if this be his meaning, I entirely concur in the observation. Any other construction upon the passage would not be borne out by facts.]

CASE 76.—*Fætal Bones Voided by Vagina and Anus.*
—In the year 1743, a woman five months gone with child, was seized with violent pains at her navel and stomach, together with a continual vomiting. She had conceived in March, and in August was taken with a pain in her back, from a strain in lifting a heavy pot. About a month after this accident, when her other complaints began, she perceived a fluid, of a brownish colour and mortified smell, continually draining from the vagina, and at different times, several bones of the fingers and toes of a child came away. Anodyne draughts, epithems, and opening glysters were administered, to ease the pain and restrain the vomiting: but all to little purpose. She became gradually emaciated, being worn out with pain, want of rest, and nourishment; for her stomach would neither retain solids nor fluids. To remedy this defect, recourse was had to broth-glysters, which were injected three or four times a day, and contributed effectually to the support of her strength and constitution.

When the small bones began to be evacuated, and her symptoms were at the worst, a male catheter had been introduced within the os uteri, but could not pass above an inch beyond that part; and nothing but a soft substance could be felt. An attempt was also unsuccessfully made to dilate with long narrow-mouthed forceps; and injections were thrown up by a long slender pipe made for the purpose, which, however, reached but a very little way within the neck of the womb. At length, the anodyne medicines took effect, and the nourishing glysters succeeded to our wish. The soft parts of the child continued to dissolve and come away in a form of cadaverous ichor till the month of December, when this evacuation ceased. How-

ever, she had several slight relapses till the May following, when she voided by the anus several bones of the skull, and other large bones of the body, the cartilages and spongy ends of which were dissolved, though they appeared to have belonged to a fœtus five months old. During this whole time, the lips of the os tinæ were smooth, and the neck of the uterus was long, nor had she the least flooding, until three months after, that the menstrual discharge returned. This was her first pregnancy, since which she has not conceived; and what is very remarkable in the case, she never had pains about the uterus, but only at the navel and scrobiculus cordis: and these were doubtless owing to the bones working their way through the womb and rectum.

[This must have been an example of extra-uterine fœtation, though Smellie cautiously abstains from committing himself to any opinion on this point. The nidus of the fœtus was probably low down in the belly behind the uterus, or in the substance of the latter,—a form, in fact, of utero-tubal or interstitial gestation,—the *graviditas in substantiâ uteri* of some of the old authors.]

CASE 77.—*Abortion at Fifth Month; no Embryonic Remains.*—About the same time, another woman, who had formerly bore a child, and was in the fifth month of her second pregnancy, was taken with a flooding, which continued fifteen days, at the end of which a mortified ichor flowed in large quantity for the space of three weeks, though no bones were evacuated. Some time after this disorder, she recovered her strength, had a regular discharge of the menses, conceived again, went on to the full time, and was safely delivered. As in the former case, part of the bones was dissolved, it is probable that in this there was a total dissolution.

[This supposition of our author is in the highest degree improbable, if not absolutely impossible. It is far more likely there never was any fœtus at all, or that it had perished at a very early period after conception, and from its small size had escaped observa-

tion. There is nothing in the facts of the case at all inconsistent with this explanation.]

There are two cases much alike in the 'Phil. Trans.,' the first in No. 229, p. 580, by Mr. James Brodie, of a negro-woman, about the seventh month of her being with child, whose navel imposthumated and broke of itself; and after it had voided some quantity of ichorous matter, whereby she had some ease, the discharge ceased. In about a month after, it imposthumated again to a much greater degree than before; a surgeon opened it with a large lancet, and after discharging a great quantity of thin ichor, extracted the bones of the fœtus. The woman recovered, and had a child afterwards.

The other is in No. 461, p. 814, by Dean Copping, of a woman who went with child for seven years, till she became again pregnant, and proceeded to the ninth month; about which time there was a tumour about the bigness of a goose-egg, an inch and a half above the umbilicus, which broke of itself, and from a small orifice discharged a serous fluid. She had a midwife and three or four physicians, who gave her over; she therefore sent for a butcher; when he came, an elbow of the child presented to view at the opening of the tumour; and, at the request of the woman and friends, to relieve her, he made a large opening both above and below the navel, which enabled him to fix his fingers below the jaw of the fœtus, which he easily extracted. He afterwards observing a black substance, introduced his hand into the opening, and extracted piecemeal the bones of another fœtus, and several pieces of black mortified flesh. She recovered, and was able to pursue her domestic affairs, only she had an exomphalos ever after.

No. 275, p. 1000, is an account of the greatest part of the fœtus voided by the navel, several weeks after a midwife had delivered the secundines, which she took for a mola on

her finding no child, by Mr. C. Birbeck. And in No. 302, p. 2077, Sir Ph. Shipton communicates a case in which part of the bones of a foetus were voided through an imposthume of the groin.

In 'Phil. Trans.,' No. 243, p. 292, we read of a woman who was delivered of a child, and continued indifferently well for two or three days after; then new pains came upon her, and for three weeks together, there came from her daily some quantity of corruption, with pieces of flesh and skin; and she continued dangerously ill for about eight weeks, at the end of which time she was relieved.

After two years, she began to breed again, had three children in three years following; all of which were drawn from her by violence. During her lying-in with the last of these three children, some bones of a foetus came away from her; after this, divers other bones came away with her catamenia, and several, amongst which were sundry parts of the skull, and some of the larger bones of the body of a foetus, worked their way by degrees through the flesh above the os pubis. The woman was alive several years after.

Dr. Ch. Morely, in 'Phil. Trans.,' No. 227, p. 486, describes the case of a woman, who after having had children, being again pregnant, was invaded with the expected labour-pains, which in a few days went off; but the tumour in the abdomen remained. She returned to her usual employ, continuing for more than a year without being freed from her burden. At last a bone was discharged, not through the uterine passage, but by the anus; and, after some interval of time, many other bones were in like manner evacuated; for so long as the woman had exceeded her due time of gestation, so long was she in discharging the bones by stool; which were all kept in a box, in which they appeared so numerous, and with so many distinct skulls, as might induce every one to believe

that three fœtuses had lain so long buried in the uterus. The woman did well; but two years after, riding to some distance, the wound was broken open again by the violent shaking of the horse, of which rupture she expired.

Mr. Bernard Shiever, in 'Phil. Trans.,' No. 385, p. 172, writes of a woman of forty-one years of age, who conceived in July, 1720; and having gone seven months with child, though sometimes she had her menses in a small quantity, she perceived her belly lessen, with only a kind of pressure remaining in her right side; a month after, she conceived again; and in December, 1721, was delivered of a dead female child, of a proper size; from that time she kept her bed till June, 1724. In May, happening to go to stool, she felt a pain in the anus, as if the rectum would drop from her; and endeavouring with her fingers to relieve herself, she extracted a piece of the cranium as big as a Swedish crown, and at the same time two ribs were found in the close-stool; and fourteen days after the rest of the bones were voided the same way, of an excrementitious colour. The woman did afterwards very well, and was the mother of three children; she also had her menses naturally.

In the 'Phil. Trans.,' No. 477, p. 529, is a letter from Mr. James Simon to the president, concerning the bones of a fœtus voided *per anum*.

A curious and worthy clergyman of the county of Armagh, sent me some time ago a parcel of bones, with the following account of them; viz.—

Rose, the wife of Mortaugh MacCornwall, of the parish of Tullylish, barony of Clare, in the year 1741, about the latter end of May or the beginning of June, being in the 37th year of her age, and mother of several children, conceived as usual; but in two or three days after, felt an excessive unnatural kind of pain in the matrix; which continued with frequent faintings, a depraved appetite, and an exceeding great weakness, till her child quickened; after which

she proceeded reasonably well in her pregnancy to the end of nine months ; and then her child was alive, and everything right, as the midwife thought. She fell in labour, which lasted, with proper child-bearing pains, for twenty-four hours, but could not be delivered ; and her labour leaving her, the child was no more observed to stir. In a month after, her labour returned, and with many regular throes continued twenty-four hours more ; but to no purpose, save the discharging of some quantities of black corrupted clots of blood ; of which kind also she threw up much by vomit ; then her labour left her entirely ; and soon after, she felt the decaying of the flesh of her infant, and the discharge thereof both at the matrix and anus, with so putrid and deadly a smell as was extremely nauseous both to herself and others about her.

Thus she lived for upwards of twelve months ; and at that period her pains increasing to excess, she began the discharges of the bones, which, to the number of eighty and upwards, she voided wholly by stool ; fourteen the first day, and two, three, or four, at a time afterwards, for the space of twelve months or more ; with most intolerable pains at the voiding of each bone, especially a broad piece of the skull ; so that from her conception to the day of her death, which was the 4th of April last, makes up near four years ; during most of which time never was a more calamitous creature ; for three years, scarce a day without suffering most exquisite torture, being also attended with frequent faintings, a continual want of appetite, and an almost perpetual looseness, insomuch that it was miraculous how she lived, not eating in all that long space so much as would have sustained a sucking child ; even the very liquids at length not lying a moment on her stomach ; by which means she became quite emaciated, and dismal to look at, not being able to move from one posture to another, or to be moved without fainting at every the least touch or motion. The

truth of all which I attest to you, as I received it partly from the poor woman herself, and partly from my wife, who visited her frequently during her illness.

In the same 'Transactions,' No. 485, p. 121, we find a letter from Mr. Francis Drake, surgeon, F.R.S., to Martin Foulkes, Esq., concerning the bones of a fœtus discharged through an ulcer near the navel.

York, June 22, 1747.

Sir,—Having a call from hence into Lincolnshire lately to see a patient, the apothecary who attended him informed me, amongst other things, of an extraordinary case which had happened in that neighbourhood a very few years ago. I have since been informed, on inquiry, that it has not as yet been represented to the Royal Society; and therefore I hope you will do me the honour to lay this account of the case before them.

Jane, the wife of James Burman, labourer, at Scawby, near Brig, in Lincolnshire, was about twenty-nine years of age when she married. About two years after, when she had had a child at full time, she conceived again, and went regularly on for four months. She then got a fall; and about three weeks after felt a load in her belly, which continued on the right side of the same for between two and three years. The woman then grew very big of another child; which pressed so much upon the lump as to give her great uneasiness. However, she went on to her time with her double burden; and three years and a quarter after the accidental fall she was delivered of a live child at full growth; from which time she grew worse and worse, with violent pain about the navel, and an inflamed tumour appeared near the part. Upon application to a neighbouring surgeon fomentations were used; which produced a suppuration at a small breach near the navel. The surgeon did not know what to make of this swelling, and therefore

did not venture to enlarge the orifice ; but it continued discharging a fetid purulent matter for three or four months longer.

About a year or more after her last delivery, the woman was suddenly seized in the night-time, and a hardish mass of flesh, seemingly about eight inches long, was discharged through the old opening in her belly. The lump was rather thicker than an ordinary man's wrist ; and being opened, contained all the bones of a foetus of about four months' growth. At this time the woman was much emaciated, occasioned by the large discharge of pus from the wound ; and what was much more extraordinary, whatever she eat or drank came half-digested through the opening ; white bread, or better diet, came through in that manner ; but coarse rye-bread, or such like, were not digested at all ; for which reason the poor woman must inevitably have perished, had she not been supported by a charitable gentleman's family in the village with diet fit for her miserable circumstances.

She continued to discharge her excrement in this manner for six months, and then that symptom left her ; after which the ulcer was kept open other six months, when it dried up of itself naturally, with a very firm but small cicatrix. I had the curiosity to see this woman ; and Mr. Charlesworth, surgeon and apothecary at Brig, sent for her. She appeared hale, strong, and in full health. I had the above account of her case from her own mouth, attested by the surgeon who attended her. I saw the bones of the foetus in Mr. Charlesworth's possession, perfectly white, and, I believe, not one wanting. The woman further told me, that nine months after the wound was healed, she was delivered of another live child at full time, but with great difficulty. The whole time that the bones of the foetus may be supposed to have lain in the woman's belly, was about four years and a half. Thus, sir, I have drawn up

the account as well as I can, but very inaccurately. I have purposely omitted terms of art, in order to make myself better understood by those who are not surgeons or anatomists. There are several particulars in the account which I cannot reconcile to any natural laws that I am acquainted with. However, as the truth of the whole is incontestible, it shows most evidently what wonderful things nature can do with proper assistance.

In No. 486, p. 131, is related a case and cure of a woman from whom a foetus was extracted that had been lodged in one of the Fallopian tubes, sent from Riga by Dr. James Mounsey.

NUMB. 2.—*Of Miscarriages proceeding from the Separation of the Placenta, and a Distension of the Collum and Os Uteri.*

CASE 78.—*Abortion from a Start.*—In the year 1751, a woman, in the second month of her second pregnancy, starting out of bed in surprise, felt something as it were give way; and instantly miscarried, with a large hæmorrhagy that soon ceased.

CASE 79.—*Hæmorrhage; Plug; Abortion.*—In the year 1750, I was, about nine o'clock at night, called to a woman three months gone with child, whom I had formerly delivered. In the morning she had been seized with a flooding in consequence of a fall down stairs; upon which she was put to bed, blooded, and took some tincture of roses with *Syr. e Meconio*, and the discharge abated a little, but on returning with greater violence in the evening, a gentleman of the profession who lodged in the house, prescribed another venæsection, together with styptic medicines, such as the *Tinct. Antiphthisic. Alum.* and *Sang. Dracon.* When I arrived, she was exhausted, faint, and pale, the os uteri being close, though she had the appear-

ance, of slight pains, that recurred at long intervals. As the danger seemed pressing, and all the common methods had been tried without success, I took the hint from Hoffman, and stuffed the vagina tight with fine tow dipped in oxycrate, which immediately stopped the discharge; I then prescribed an anodyne draught, with five drops of the *Tinct. Thebaic.*, and two drachms of the *Syr. de Meconio*, and directed her to drink frequently of chicken broth. She dozed a little; and between her dozings had every now and then slight pains, though the flooding did not return. Towards morning, the pains grew so strong, that the tow was forced through the os externum, together with the abortion, about the size of a goose-egg, and some coagulated blood. I have since successfully used the same method in several cases, where the flooding was violent. Indeed the strong pressure in the vagina seems to dam up the internal flooding, which, by distending the uterus, brings on labour-pains.

[From the observations of Smellie on the above case, we learn that his knowledge of the use of the tampon was derived from the writings of Hoffman. This seems to be the first case in which Smellie ventured upon its employment (its date is 1750); and he rightly attributes the hæmostatic effects of the plug to its "strong pressure in the vagina damming up the internal flooding, which, by distending the uterus, brings on labour-pains." The occurrence of the pains, which so commonly follow the use of the plug, may perhaps be partly due to the cause assigned by him; but this increased expulsive action is mainly attributable to the influence exerted by the plug on the vaginal surface, the nerves of which part, when irritated, powerfully exciting the expulsive or bearing-down contractions of the uterus (as we see in the second stage of labour).

Appended to Case 88 are quotations from several authors, among which is one from Hoffman illustrating the use of the plug for the arrest of hæmorrhage from the uterus.]

CASE 80.—*Abortion with Hæmorrhage at Third Month.*
 —On the 8th of July, 1744, in the evening, a woman, ten weeks gone with child, was taken with slight pains and a flooding. The os uteri would hardly admit the tip of the forefinger; nor did the opening increase, though the discharge grew more violent at every pain. The patient being exhausted by the great loss of blood, was directed to take *Pill. Matth.* gr. x, in consequence of which the pains and flooding abated. Towards morning she enjoyed some rest, and fell into a breathing sweat; and next day was much easier, her pulse being raised, and the discharge having acquired a pale colour. On the 10th it was no longer of a red hue; and next day, while she sat on the pot making water, the secundines slipped away without pain, the membranes having been broke, and the embryo almost quite dissolved.

She had twice before miscarried in the third month; and in six months after the last of the two miscarriages, conceived again. As the former abortions had probably been owing to a costive constitution and hard straining at stool, she was blooded six weeks after conception; and the same evacuation, to the quantity of six or eight ounces, twice repeated at the interval of a month. At the same time, she was directed to take frequently at night, *Elect. Lenitiv.* ʒij, or two spoonfuls of the *Ol. Amygdal. d.* mixed with an equal quantity of the *Syr. Violarum*, so as to procure an easy passage every day. By these means she held out to the end of the seventh month, when she was delivered of a child which is still alive. In the fifth week of her next pregnancy, she was blooded to the quantity of eight ounces; but neglecting to undergo the same evacuation at the period of another month, and being exposed to some severe exercise, she was taken with a pain in her back; of which she was relieved next morning, by losing eight ounces of blood from the arm. However,

she happened to overstrain herself again; and the pain returned with a flooding, which occasioned a miscarriage in the fourth month.

CASE 81.—*Abortion at Fifth Month; Placenta retained till Fifth Day.*—In April, 1749, I was called to a gentleman who had been several years in a bad state of health, occasioned by frequent collections of matter somewhere about the outside of the uterus; which discharging itself into the vagina, flowed from thence in large quantities. During this complaint she had bore three children, and now was seized with pains about the os pubis, together with a difficulty of making water and in going to stool; which she imputed to her old disorder. She had felt some symptoms of pregnancy, such as sickness and retching in the morning; but as the menstrual discharge was regular, she could not think herself with child. Nevertheless the pains increased, and she was suddenly delivered of a child in the beginning of the fifth month; which, though not above four or five inches long, lived some hours. The secundines did not come away, nor was there any discharge of blood; circumstances which plainly proved that the placenta still firmly adhered to the uterus; and as it was impossible to introduce the hand, I thought it advisable to leave it to come away of itself, especially as the patient was free from pain. A glyster was administered; after the operation of which she took an anodyne draught of *Aq. Cinnam. ten. et Syr. de Meconio*, and enjoyed good rest that night. But her pulse being rather too slow, I prescribed the following draught to be taken three times a day, in order to quicken the circulation:

R. *Aq. Cinnam. ten.* ℥iss. *Pulv. Contrayerv. comp.*
℥j. *Castor. Sal. volat. succin.* ā gr. v. *Syr. Croci*
q. s. f. Haustus, 8va quaq. hora sumend.

By this julep a slight fever was produced ; on the fifth day a flooding began, and the placenta being separated, was easily delivered. The flooding being at first pretty violent, was restrained by repetitions of the anodyne draught ; and before the secundines came away, she received a glyster every night. After this miscarriage she enjoyed a better state of health than before.

CASE 82.—*Abortion at Fifth Month ; Fatal Hæmorrhage.*—In December, 1744, an unfortunate woman of the town miscarried in the fifth month ; and the midwife, from a mistaken notion, that if the placenta is not immediately delivered, the patient must die, had tried to pull it away with such force as produced a violent flooding, of which she died.

This was likewise the case of another woman, who being delivered in the seventh month, died instantly of a flooding, occasioned by a violent separation of the placenta. These instances ought effectually to caution practitioners against using violence, either when the uterus is but little distended, or when the placenta adheres too firmly to be separated with moderate force.

CASE 83.—*Abortion at Four Months during Variola ; Death.*—In the year 1749, I was called to a woman four months gone with child, on the eleventh day after the eruption of the small-pox. She was then taken with pains, but being delirious, her case was not known until the nurse observed blood upon the cloths. I found the os uteri considerably opened ; and the discharge being great, and attended with frequent strainings, I broke the membranes that were pushed down with the waters. This expedient stayed the flooding ; the foetus was soon delivered, and had no mark of the small-pox ; and the secundines came away in two hours. But the discharge had sunk the pustules,

which were of the confluent kind, and could not be raised again. She died in a few hours after the miscarriage.

[Smallpox is one of those diseases which are very apt to interrupt the process of utero-gestation and to induce miscarriage. When this occurs at an early period of the disease, and is attended by any hæmorrhage, it exercises an unfavorable influence on the case; and when it occurs at an advanced stage of the disease (as in the foregoing instance), it is generally the sure forerunner of a fatal event.]

In the German ‘Ephemerides,’ *anni primi*, l. iii, p. 139, there is an account of a woman who had the small-pox before she was delivered, and the child was marked with the same disease.

In the ‘Phil. Trans.,’ No. 493, p. 233, is the case of a lady who was delivered of a child, on whom the small-pox appeared in a day or two after its birth; drawn up by Cromwell Mortimer, M.D.

In the same ‘Transact.,’ No. 493, p. 235, are some accounts of the fœtus in utero being differently affected by the small-pox; by William Watson, F.R.S., also at No. 337, p. 165. (*Vide* Lamotte, Obs. 129.)

CASE 84.—*Hæmorrhage at Seventh Month; Rupture of Membranes; Delivery.*—In the year 1741, I attended a woman who was very much weakened by a constant draining of blood from the uterus for above four months, which had begun two months after conception. I found her pulse low, her countenance pale, and the whole surface of her body affected with a small degree of anasarca. She was directed to take hartshorn jellies, with strong red wine; and afterwards being seized with labour-pains, and an increase of the flooding, I prescribed five grains of *Pil. Matth.* which were repeated every hour, until the pains and violence of the flooding abated. The os uteri being open, and the membranes pushed down with the waters, these last were pierced with a pair of scissors; and the waters

being discharged, the uterus contracted so as that its vessels no longer poured forth their contents, and came in contact with the body of the child, which was delivered when the pains returned. About one fourth of the placenta was then emaciated, and covered with clotted blood, which had taken the form of a white thick membrane, and lay betwixt it and the uterus; while the rest of the placenta was plump, red, and covered with fresh grumes of blood. The emaciated part had been separated at the beginning of the flooding, and the other in time of delivery. The child was alive, but very small, considering it was born in the seventh month.

CASE 85.—*Abortion at Fourth Month; Detention of Secundines.* (Communicated in a letter from Mr. JORDAN, dated at Folkstone, April 26th, 1751.)—The woman was four months gone with child; had been troubled with a slight flooding at times for the space of three weeks, and miscarried of the foetus about an hour before Mr. Jordan arrived; and he understood that the funis had separated from the placenta and come along with the child.

The patient was low and faintish, having been very much fatigued by the midwife's trying to extract the secundines; and she had bearing pains that frequently recurred, together with a slight flooding, which, however, was very inconsiderable. He directed her to drink frequently a little caudle, and prescribed an opiate; by which her spirits were recruited, and the pains for the present removed; but these soon returned after she had enjoyed some rest.

Upon examination, he found part of the placenta in the vagina, so that the os internum was kept open; and that part which remained in the uterus adhered so closely to it that he could not separate it without some difficulty. Immediately after this separation, the woman was eased of

her pain ; but some time elapsed before she recovered her strength.

Many cases of this kind have occurred in my practice.

When the hæmorrhagy was altogether stayed, or continued in small quantity, after the delivery of the foetus, the secundines commonly were expelled by the after-pains. But when the woman's strength was in danger of being impaired by the flooding, I always endeavoured to bring them away with my fingers ; and when these would not reach them, employed the blunt hook for the same purpose ; nay, when both these expedients failed, I have restrained the flooding by prescribing opiates from time to time ; and afterwards have found it more easily brought away, if it did not come of itself.

If part of the placenta is come down into the vagina, I cautiously avoid separating it from what remains in the uterus, because in that case the os uteri would contract and retain it for a longer time. Whereas the os internum is kept open, and irritated by the protruded part, so as to occasion every now and then a pain which helps to separate and force down the other.

If the placenta lies loose, though kept up by the contraction of the os uteri, and there are no pains to force it down, I open the os internum so as to admit two fingers, and bring it away with the blunt hook ; but even this method has failed, and a draining has continued for several days. I have opened the os externum so as to introduce my hand into the vagina ; and insinuating two fingers into the uterus, have separated the adhesion. Then, if I could not pull down the placenta with my fingers, I have introduced the hook along with them, and turning the blunt point above the separated cake, extracted it without further difficulty, taking care all the time that the point was towards the placenta, and did not touch any part of the

uterus. I have tried to extract it with the polypus forceps; but seldom effected the extraction without difficulty, because this instrument takes more room, and is not so easily managed.

There is very rarely occasion for any assistance of this kind, which should never be used except when the patient is in danger from long-continued drainings.

[The directions here given by Smellie for the management of cases where the secundines are detained in the uterus after abortion, are most excellent, and well deserving of remembrance. He steers very judiciously between the two extremes of hasty, over-zealous interference on the one hand, and a purely negative, temporising course on the other. Although, as a general rule, prone to operating, yet his large experience and correct observation had taught him that time and patience were oftentimes the best auxiliaries in these particular cases, and he points out very plainly when we may interpose our manipulations with a prospect of doing good.]

CASE 86.—*Abortion at Fifth Month.* (Communicated by the same Gentleman.)—A woman about five months gone with child, was taken ill with a slight flooding, which was restrained by taking eight ounces of blood from her arm, keeping her quiet in bed, and giving her opiates from time to time. Yet, on the least motion, the discharge returned; and in about five or six days, labour coming on, she was safely delivered of the foetus and secundines by the labour-pains; but it was a long time before she recovered her strength.

CASE 87.—*Abortion at Fifth Month; Retention of Placenta for Three Months.*—In the year 1729, I was called to a woman who was seized with a pretty large hæmorrhagy, and miscarried in the fifth month. The funis and membranes were expelled at the same time, but the placenta remained, and though the discharge abated, a draining of blood continued to weaken her for the space of three

months after her miscarriage; when I was called, and found her pulse low, her countenance pale and her body emaciated.

Feeling the os uteri very rigid, but so open as to admit two fingers, I ordered her to be laid in a supine posture across the bed, and gradually dilated the os externum, so as to introduce my whole hand into the vagina. I then tried to dilate the os internum, but without success. However, my hand being in the vagina, I could now introduce my two fingers so as to feel the placenta, which was strongly compressed by the uterus into a consistence of a scirrhus substance, about the size of a large walnut or pigeon's egg. This I separated all round with my fingers, but as I could not bring it down, I introduced a long narrow-pointed forceps, which, however, did not succeed; finally, I had recourse to the blunt hook, with which I brought it away in three separate pieces. The draining was stopped, the woman recovered, and afterwards bore children. In this case the placenta, instead of increasing and forming a mola, according to the notion of some old writers, was squeezed into a small, round, compact substance, almost as solid as a cartilage.

[The retention of the placenta in utero for three months after abortion, and its successful removal then by Smellie, are most remarkable features of this history. In Vol. I, page 169, I have made allusion to this particular case, and offered some remarks on the interesting practical questions which it suggests to us.]

CASE 88.—*Retroversion of the Uterus in Fourth Month; Abortion.* (Communicated by Mr. HENGESTON, in a letter dated at Ipswich, January 4th, 1753.)—He was called to a woman in the fourteenth week of pregnancy, found her much weakened by a flooding, and was told she had been four and twenty hours in that condition. On touching, he felt the body of the uterus almost even with the

os externum, the os internum forwards above the pubes, and the fundus uteri backwards, and close to the lower part of the rectum at the os coccygis.

The woman lying on her side, he dilated the os externum, and introducing two fingers into the os internum, which was a little open, broke the membranes, in hope that by diminishing the contents of the uterus he might stay the hæmorrhagy; but, after having waited fifteen minutes to little purpose, he again introduced his hand into the vagina, and with his thumb in the os uteri, and his finger pressed backwards against the fundus, he pulled down the first, while his fingers pushed up the fundus above the os sacrum; upon which the contents of the womb slipt into his hand.

The patient recovered, but laboured under a prolapsus vaginæ, occasioned by a former severe labour. She is now again with child; and finding the uterus lying in the same position, he desires my advice in order to prevent another miscarriage from the preternatural lowness of the fundus, which he apprehends will hinder the uterus from stretching.

I advised him to try to raise the uterus higher, and keep it up with a round pessary, or rather with one of that kind which have necks, and are kept up with straps tied to a belt that goes round the woman's waist. (*Vide* Tab. XXXVIII.) I likewise counselled him to bleed her by way of preventing a flooding, if her constitution can bear that evacuation, and to keep her body open.

[This was most indubitably an example of retroversion of the gravid uterus—an opinion which I have expressed in Vol. I, page 147, as well as in some remarks on Case 50; to both of which I beg to refer the reader. The first case of severe hæmorrhage along with retroversion of the gravid uterus (a state of things similar to what the above case presented), that I met with in practice, occasioned me some perplexity, not knowing whether reposition of the uterus, or simply hæmostatic treatment should take precedence.

Of late years my plan has been to revert the uterus in the first instance as a preliminary to any other treatment.

Mr. Hengeston's patient on her next pregnancy seems to have shown a decided disposition to a return of the misplacement—so at least I interpret the language used—and Smellie's opinion was obtained. He wisely advised the womb to be raised; but indiscreetly (so I think) recommended the employment of a wooden pessary to keep the womb in its place: with what result we are not told.

In the cases of this kind that have fallen under my notice the pelvis was generally shallow and capacious, and retention of urine was not a prominent symptom. After restoring the gravid uterus to its proper place—which was easily done—I have always succeeded by postural treatment in preventing any subsequent retroversion.

Even though a good deal of force may have been required for the reposition of the organ, yet by the strict observance of quietude, and the judicious employment of opiates, by the mouth and rectum, miscarriage has been averted.

A few months ago I saw a case of the kind now under consideration, along with Professor Sinclair. The lady was four months pregnant, and the retroversion was complete. It required a good deal of manipulation and the use of some considerable force before Dr. Sinclair could get the organ back into its proper place. This was, however, effectually accomplished, and under proper treatment miscarriage, or a recurrence of the misplacement was prevented. This lady went to her full time, and was safely delivered by Dr. Sinclair of a fine, living boy.]

Mauriceau, in Obs. 385, describes a miscarriage from a woman's being too much shaken in a coach.

April 1st, 1685.—He attended a woman who had miscarried an hour before, of a small child of four months, which he judged from its corruption to have lain eight or nine days dead in the womb, before nature of itself expelled it. The body of this foetus being very small, and quite shrivelled, had for that reason very little dilated the internal orifice, so that he had no room for the present to bring away the after-birth; and therefore left it to nature,

which did the business twelve hours after. For he judged it better to do so, than to offer violence to the womb by dilating so much as was necessary for extracting this foreign mass. This misfortune was owing to the woman's being too much shaken and agitated, by always using a very uneasy coach.

In Obs. 614, March 16th, 1691, we are told he delivered a woman who had miscarried two hours before of a foetus of three months, which had been dead eight or ten days, as appeared by its corruption. The midwife, for want of sufficient knowledge in her business, being incapable of bringing away the after-birth, so excessive a flooding was excited by its retention in the womb, that the woman must have run a great risk of her life, if he had not speedily delivered her of it, and so put a stop to the flooding; after which she did very well.

In Obs. 694 we find he delivered a woman of the after-birth of a small foetus of two months, of which she had miscarried three hours before without any manifest cause; the after-birth being retained in the womb after the expulsion of the foetus, occasioned such a flooding, that the woman had several times fainting fits, from which she recovered as soon as he had delivered her of that foreign mass; for the flux then ceased, and the woman did very well. This was the eleventh child of which she had miscarried.

In Obs. 477, April, 1687, he says, he attended a woman who was near the brink of the grave, it being the third day since she had miscarried of a child of four months, whose after-birth was left entire in the womb; for the midwife was not able to deliver her of it, because of the great difficulty she found, as she told him. Whence that foreign mass, there remaining for three days, had caused a prodigious flooding; and as nature had not yet expelled it, there was no hope of bringing it away but by violence, because

the womb was quite closed when he saw the woman. It turned at length to a most virulent putrefaction, which caused a continual high fever, with two or three exacerbations every day, accompanied with faintings and other symptoms usual on these occasions. But for all these disorders, and a bad diarrhœa besides, she recovered her health after a most grievous and troublesome fit of sickness for five weeks. He had some years before attended the same woman, when she was extremely ill in the like manner, after another miscarriage, where the after-birth had been likewise left behind, the midwife not being able to bring it away; and it was expelled by suppuration like this last.

In Obs. 550, April, 1689, he tells us, he delivered a woman of a male infant, five months and a half grown, who was still alive, though the mother had laboured under a moderate flux of blood, which was almost continual, for the space of two months, increasing at last to such a degree as to hazard an abortion. In this situation, he advised the woman to keep her bed, or at least her chamber, that so she might, if possible, preserve her great belly to the end of the term. But, instead of hearkening to his good advice, she undertook a journey in a coach, which was the direct way to destroy her infant, who lived but half an hour, though the mother was as well after he had delivered her as if she had lain in at the end of the natural term.

In Obs. 292, November 7th, 1681, he says he attended a woman who had miscarried of a dead child in the sixth month, by being jolted in a coach. Twelve or fourteen days before this accident, she had been too much shaken and jumbled on the road in travelling. This brought upon her pains in the belly, which lasted all that time, till at the end her waters flowed off in great abundance without any real pain. As the infant presented an arm, the midwife believing at first sight it was the foot, took no care,

but drew it out as far as the shoulder, which put the child in a more unnatural posture than it was before. In this situation of affairs, being ordered to attend the woman, he pushed back the arm into the womb; but as all the waters were entirely run off the day before, and the orifice of the womb was too straight and too dry for him to introduce his hand without violence, in order to turn the child, he judged it more prudent to trust nature with the expulsion of it, than attempt it with a too forcible extraction; plainly foreseeing, that since it was very small, it might easily come away in the same posture it was in, when the womb should be sufficiently dilated; because the woman had already been mother to a child that was full grown, and gone out her term.

It happened as he foretold, twelve hours afterwards, nature of its own accord expelling the child, by means of some pains which were excited by a glyster he had prescribed, and which had sufficiently dilated the orifice. But the midwife who staid to attend her, missing the opportunity, let the womb close itself, and could not bring away the after-birth, which remained six hours longer, after which nature of itself expelled it, as it had done the child; and the woman being thus happily delivered, did very well afterwards. He did not know, but if he had tried to take away the child by force, as he was desired when he first came, the violence he must have used in dilating the orifice, so as to be able to introduce his hand, might have been very prejudicial to the mother; whom he preserved by prudently committing his business to nature, for reasons declared above.

In Obs. 28, November 10th, 1670, he tells us he attended a woman six months gone, who for eight days past had a moderate flux of blood, in which were some clots, occasioned by the shocks of a violent cough, which had enlarged the orifice of the uterus to a finger's breadth. For this reason he told her she would certainly miscarry in a

little time, although she felt no pain at present, because he was assured, from the opening of the orifice and discharge of blood, that it was impossible for the agitation of so violent a cough not to accomplish the mischief it had begun. The event answered his prognostic ; for the next day the woman miscarried of a child, which lived but a day and a half.

In Obs. 164 we find that, April 21st, 1676, he attended a woman who had miscarried three hours before of a dead child of four months. Three weeks before this, she had received some hurt in a crowded church, from which time she always felt great pains in her belly ; and about the ninth day after this accident, began to void a little blood. From that time she never felt her infant move, but had the misfortune to lose it without the after-birth, which remained behind, the midwife not being able to bring it away, because the womb closed immediately on the expulsion of the child. Having himself examined whether there could be any means found out to ease this woman ; and having discovered that the orifice of the womb was only open enough to receive one finger, he judged it the safest way at present to trust nature, and postpone the doing her any violence, by endeavouring to extract this after-birth by so narrow an orifice, the remedy in this case appearing to him worse than the disease. So he deferred it to the next day, when, finding the womb much more dilated, he happily delivered her of her burden ; and though she had at that time a fever upon her, she did very well afterwards.

In Obs. 508, he writes, that on November 24th, 1687, he attended a woman who had just before miscarried at the end of two months and a half, of a small foetus no bigger than a bee, which nature had expelled with a considerable quantity of blood, which had been preceded by a distillation of reddish serosity for several days. When he was called to deliver her of the after-birth, he found the womb was

entirely shut, and that there was no way to bring it off but by violent means, which might be more prejudicial to the mother than the relief he could promise her from the extraction would have been beneficial. For this reason he thought proper to trust nature with the business; which was not accomplished till the twelfth day after, the foreign mass lying all the while in the womb, and was then expelled half suppurated; after which the woman did well.

The principal cause of this absorption, as he supposed, was a great costiveness in the time of pregnancy, which in this woman was so extraordinary, that she was sometimes fifteen whole days without going to stool; so that the great efforts she made to ease herself of excrements, excessively baked and hardened by so long a stay, did at the same time very forcibly compress the womb, which might very well be supposed to shake and loosen, and at last expel the newly conceived foetus; as was the case with this woman, who had miscarried several times before.

The following cases are from LAMOTTE.

Obs. 129.—In the year 1687, the small-pox raged in Valognes, which was more fatal than general, most of those that caught it dying of it. Among others, a lady of distinction, six months gone with child, or thereabouts, fell ill with it. All went exceedingly well; the fever was moderate; the pustules large, raised, and white; when on a sudden she was taken with a convulsion; in less than half an hour the pustules went in, and her whole body turned black and mortified. He happening to be there by chance, gave her a few spoonfuls of wine; some pains followed, and he delivered her immediately of a live child, who died soon after; another convulsion came on, and she died.

Obs. 151.—A young woman that lived two leagues off, having reached the fifth month of her pregnancy, found herself ill, as she thought, with the colic. Her mother sent

for him in haste, lest she should be in labour, as she really was, for he found her brought to bed of a child of five months, who was still alive when he came. As the placenta had followed, he left her to the care of her mother. This young woman being again with child some time after, miscarried about the fifth month, and so suddenly, that they had not time to let him know of it; she came off as well this time as before. Being a third time with child, she was exceedingly watchful over herself, to do nothing that could produce a miscarriage. He bled her three times in the first six months, and kept her to a very regular moistening diet. She carried her child to the seventh month; it lived but a few days. He imagining it was owing to her regularity that she carried this child longer than usual, she resolved to be still more cautious the next time. To that effect, he bled and purged her twice, after her getting up from this lying-in. He repeated the bleedings as soon as she was breeding, and kept to it every month. He kept her to a cooling moistening diet, not suffering her to eat anything roasted, or to drink any strong liquor. Whether it was owing to this conduct, or any other reason, she was not brought to bed before the ninth month, and her labour was easy, as it happened also twice after this. But being with child again, and more disordered at the fifth month than she had been in the ninth in her three preceding pregnancies, she was at six months seized with labour-pains, and the waters came away. She sent for him, and he delivered her in a little while of two little boys, who were alive, but died soon after. He afterwards brought away a large placenta, common to both children, and she soon recovered. He had several times since laid her of one child only, whom she has carried her full time, without any inconvenience.

What follows is from GIFFARD.

Case 118, April 1st, 1730.—He was sent for to a poor woman in Knaves-Acre, the wife of a smith. She was about six months gone with child, and had been seized with a flooding some days before, for which her midwife had lately come to consult him; when he ordered an astringent mixture to be taken, to the quantity of three or four spoons now and then, and a quieting astringent draught to be continued every night, in case her flooding did not stop. He likewise desired they would give him an account of her the next day; at the same time telling the midwife, that in case it continued, the only means left to save her life was to deliver; but as the method here prescribed had, in some measure, the desired effect for the present, he heard nothing farther for two or three days.

Her flooding, however, returning again, her husband came to him, and desired he would visit her; which accordingly he did, and, upon examination, found the osinternum not dilated enough to receive the end of one finger, and not easily to be dilated; wherefore he advised a repetition of the medicines before prescribed; and on the next day, the man called again to tell him that the draining continued, but was not so violent; however, as she became weaker, he desired he would see her. He then found the os internum as it was the precedent day; and as he could not dilate it with his fingers, he advised a continuance of the mixture and draught. On the third day, the midwife sent him word that the draining continued, but that the os internum was dilated somewhat more than the precedent day; which gave him encouragement to hope that he might dilate it wide enough to pass his hand and bring away the foetus. Upon his touching, he found an opening large enough to admit the end of three fingers; wherefore he endeavoured to dilate it with his fingers, and stretching them wide from each other, he got in his thumb, and afterwards his whole hand. The first thing he met with was part of the placenta separated

from the uterus, and passing his hand by it, he felt the child inclosed in the membranes, and floating in the waters. He readily broke the membranes with his fingers, and passing his hand within them, soon met with a leg, which he drew out, and taking hold of it with a soft cloth, he gently pulled towards him, at the same time advising the woman to assist by bearing strongly down. By this method he presently extracted the foetus whole and entire; he was indeed afraid, as it was very tender, that the limbs would have separated from the body; the placenta readily followed, being before in part, if not wholly separated from the uterus; the flooding stopped immediately on the delivery.

Mr. Giffard gives a history, in Case 157, of a foetus about six months old, contained in a sacculus without the womb, and protruded through the anus. (*Vide* "Extra-uterine Foetuses," Collect. V, page 43.)

Mr. Chapman, in p. 206, gives the case of a child that was delivered at the anus about six or seven months old.

There is likewise an account of an abortion by Dr. Monro, in the 'Medical Essays of Edinburgh,' vol. ii, p. 235. And of hæmorrhagies of the womb, stopped by *Pulv. Stip. Helvetii*, vol. iv, p. 38.

[The *pulvis Stypticus Helvetii* was according to Mayne (Medical Lexicon), a febrifuge powder composed of crabs' eyes and tartar emetic. The above was the German name for the *pulvis febrifugus* of the Medical Pharmacopœia.]

To these it will not be improper to add some examples from HOFFMAN.

In vol. iii, p. 183, Obs. 1, we read of a woman fifty years of age, the mother of several children, who miscarried in the third month of her pregnancy, from a violent fright and cold to which she exposed herself. There fol-

lowed immediately a violent flooding; after this she laboured under an uterine hæmorrhagy, which sometimes stopped for a little, but immediately broke out again; her belly swelled, and she had frequent palpitations, which made her suspect her being again with child till a year had elapsed. The tumour of her belly was sometimes tense and hard, at other times soft, her feet swelled in the evening, and she felt a weight in the hypogastric region.

Various carminative laxatives and glysters were in vain administered, but after three days' use of the Caroline mineral waters, the hæmorrhagy stopped, and by continuing to use them, she evacuated a great quantity of viscid matter, both by stool and urine, and the swelling of her belly subsided. Wherefore she entered the bath, and after once bathing, had violent pains and spasms, just like those of a woman in labour, and evacuated from the uterus some flesh-like membranous bodies, commonly called *molas*; after which she perfectly recovered her health.

[The "Caroline Mineral Waters," above mentioned, are those of Carlsbad, in Bohemia. The former name seems to have fallen into disuse, but I find it employed by Donald Munro in his "Treatise on Mineral Waters," published at London in 1770.]

In vol. iii, p. 183, Obs. 2, we have the case of a young woman of a lax habit of body, who had miscarried four times in the third and fourth months of her pregnancy. Being with child a fifth time, she was blooded in the third month. About her ordinary time of abortion, she found spasms, flatulencies, and compression of her loins and abdomen, such as she was used to have formerly when she miscarried; which, however, were removed by some antispasmodic medicines, by embrocating her abdomen with his *balsamum vitæ*, and by the application of toasted bread to the umbilical region. She had some spasms and pains in the seventh month; but kept her burden till the ninth month, when she brought forth a live child.

She conceived again ; and by being blooded in the third and seventh months, carried her child to the full time.

In Obs. 5, p. 185, we find that a strong woman, thirty years of age, who had had two live children, but afterwards suffered six abortions, two in the seventh and four in the fifth months, being again pregnant, had an uterine hæmorrhagy in the third month, and was again threatened with abortion ; but by letting blood immediately, the hæmorrhagy ceased ; by repeating it often, and drinking nothing but pure water, taking some of the testaceous powders, and by applying Barbett's saponaceous plasters, with some of the *oleum hyosciami* to her loins, she brought forth a live child at the full time.

Hoffman imagines the former abortions to have been owing to the woman's being plethoric, and drinking strong wine for her ordinary drink, which she was used to do.

In vol. ii, sec. 1, ch. 5, "De Uteri Hæmorrhagiâ immoderatâ," he relates the case of a woman of a healthy and plethoric habit of body, twenty-eight years of age, and three months gone with child, who was taken with a discharge of blood from the vagina, which continued in a small degree for fourteen days. But from using too violent exercise, she was taken with a profuse flooding, which threw her into faintings ; after trying both internal and external remedies to no purpose, he being called in to relieve the patient in this extremity of danger, immediately stuffed the vagina with tow, dipped in a solution of the *caput mortuum* of vitriol ; by which the discharge was in a very little time stopped ; and by corroborating diet and medicines her strength was recruited. The lint, three days after, was extracted with great difficulty, from its being matted and concreted with the grumous part of the blood ; on which followed also a small flesh-like substance, with a little uncoagulated blood. By taking proper medicines, with a

nourishing diet, the patient recovered ; after which she was again pregnant, and safely delivered.

He, in that part of his works where he treats *de Convulsione Uteri, sive Abortu*, gives ten different cases of abortions ; and although his method of prescribing is different from the practice here, yet his intentions of cure are the same. He orders venæsection when necessary, together with astringents, opiates, corroborating and laxative medicines, according as the exigence of the case requires.

I find in practice, that the flooding commonly diminishes, and frequently stops, when the membranes break and the waters come off ; though in some the flooding has continued, and in others has been immediately carried off, by delivering the placenta. This difference shows, that those who run into extremes, either in hurrying off the placenta in all cases, or in leaving its expulsion always to nature, err ; for a practitioner ought to vary his method in these cases, as well as in others, according as it shall appear most proper ; as in the foregoing cases of abortion from Mauriceau.

NUMB. 3.—*Of Marks and Mutilations.*

CASE 89.—*Red Tumour on Tongue, from Mental Impression.*—When I desired the woman mentioned in No. 84, to put out her tongue that I might examine it, in consequence of her complaining that it was dry and parched, I observed something on the tip of it like a plum, of a green colour, hard and painful. She told me, that when plums begin to ripen, it grows larger, softer, and less painful ; acquires a blue reddish or purple colour ; and she feels a hard grisly substance like the stone in the middle ; in winter it shrivels and decreases, and next season resumes the same appearance. It seems, when her mother was with child of her, she longed for some plums, which she cheapened, but would

not buy, because she thought them too dear; however, she had touched the tip of her tongue with one of them, which she afterwards threw down; and by this transient touch the child was affected in the same place.

CASE 90.—*Supernumerary Fingers*.—I delivered a woman, in the eighth month, of a child; from the outside of whose little finger of the right hand hung an excrescence about the size of a nutmeg, resembling one of the small potatoes that are used for seed, both in the colour and little indentations on its surface; and some of the women affirmed the mother had longed for that food before delivery. The tumour dropped off in a few days, in consequence of a ligature tied round its neck; but the child had likewise a superfluous little finger on the other hand, and a supernumerary little toe on each foot.

Notwithstanding these examples, I have delivered many women of children who retained no marks, although the mothers had been frightened and surprised by disagreeable objects, and were extremely apprehensive of such consequences. One woman in particular, when three months gone with child, was surprised, upon opening the door, by a beggar's thrusting a bare stump in her face; a circumstance which alarmed her to such a degree, that she made herself and all about her unhappy, being fully persuaded that her child would be born with the same mutilation; and indeed she could scarce be convinced of the contrary, when she felt the child's arms after it was delivered.

Schenckius, in lib. iv, "De Gravidis," from p. 621 to 625, relates several observations on the strange effects produced from the imaginations of pregnant women, occasioned by different accidents that happened to them in that state.

In the 'Phil. Trans.,' No. 493, p. 205, is part of a letter from Mr. Ben. Coke, F.R.S., concerning a child born with the jaundice upon it, received from its father, and of

the mother's catching the same distemper from her husband the next time of being with child.

Vide 'Ephemerides,' ann. octav., Obs. 46 and 55, anni 9 and 10. Obs. 23. "Decuriæ secundæ Ephemeridarum," ann. prim., Obs. 40.

Mauriceau, in p. 288, and Obs. 348, relates his having delivered a woman of a child whose head was of a monstrous figure, being all made up of face, as it were, with great gogling eyes. It had towards the occiput a fleshy mass, almost like the placenta, which seemed to come out of the cerebellum and nape of the neck. The mother had felt this child move in her womb with more force than her other children; but it was dead born, it having remained long in the passage, and afterwards being turned. The mother imputed its monstrous shape to her having fixed her eyes steadfastly on the figure of an ape.

Vide 'Phil. Trans.,' No. 456, p. 341, and No. 461, p. 764.

I have delivered many women who were prepossessed with things of this kind before delivery, which I have never yet found to happen as they imagined.

I delivered a child lately who wanted all the fingers of one hand; a circumstance which was concealed from the mother for several days; and on asking her before she knew of it, she acknowledged that nothing extraordinary had happened to her during her pregnancy.

[These last two paragraphs very plainly indicate Smellie's scepticism regarding the influence of maternal impressions upon the conformation and development of the fœtus in utero. That a mental emotion on the part of the mother might deprive the fœtus of life, is not only accordant with facts, but admits of an easy explanation. But how a mental impression could lessen or augment the number of fingers or toes of the fœtus, or cause a mark on the surface of its body, is quite beyond our comprehension.]

COLLECTION XIII.

OF THE SITUATION OF THE CHILD DURING PREGNANCY,
THE SIGNS OF CONCEPTION, AND PREMATURE LABOUR.

NUMB. I.—*Of the Situation of the Child in Utero.*

(*Vide* Vol. I, page 179.)

DURING a succession of many years, I have been called to women who miscarried in the fourth or fifth month, and generally found the head presenting. In the years 1727 and 1748, I was concerned in two cases where the arms came down, and were forced along double. In 1746, I delivered a woman in the sixth or seventh month, with the waters and secundines unbroke, and there the head presented. In the year 1752, I found the placenta presenting; and being forced down in the vagina, the head pushed it out after the membranes were broke. In the year 1747, a woman in the sixth month was brought to bed of twins, and both children presented with the breech, and were so delivered one after another by the labour-pains.

In the year 1751, Dr. Hunter opened a woman who died near her full time, and found the head presenting; the very next year he had occasion to dissect another subject of the same kind, and found the child nearly in the same situation. In both cases, according to Mr. Ould's allegation, one ear was to the pubes, and the other to the sacrum.

[It may be deemed worth a paragraph to remark that the particular tenet of Sir Fielding Ould's, here alluded to, was in fact

neither more nor less than the foundation stone of all our modern knowledge of what has well been called "the mechanism of parturition." I have touched on this subject in the brief notice of Ould at page 74 of Vol. I; but still it may be interesting to some readers to quote here the exact words in which Ould announced the important observation he had made:—"When a child presents itself naturally, it comes with the head foremost; and, according to all authors that I have seen, with its face towards the sacrum of the mother; so that, when she lies on her back, it seems to creep into the world on its hands and feet. But here I must differ from this description in one point, which at first sight may probably seem very trivial. The breast of the child does certainly lie on the sacrum of the mother, but the face does not; for it always (when naturally presented) is turned either to the one side or the other, so as to have the chin directly on one of the shoulders."—'Treatise on Midwifery,' p. 28.]

From these subjects, some very accurate, useful, and curious plates, will be published.

Dr. Camper, professor at Franiker, in Friesland, opened a woman, in whom the child was situated in the same manner; and I myself find the head presenting so in almost all natural labours.

Dr. Munro showed me, December, 1753, some drawings of a subject, which his father had the preceding winter dissected in the public theatre; tables of which are just published in the 'Phil. Trans.' of Edinburgh. This was a woman said to be six months gone with child, in whose uterus the foetus lay in a longish form, with the legs and breech to the fundus, the head resting on the brim of the pelvis, and the fore parts of the child to the back part of the womb, though turned a little towards the left side. He observes, that though this foetus, and those examined by Dr. Hunter, were found with the head downwards, yet this does not seem to be always the case; for the children appeared with their heads uppermost and their faces towards the mother's belly, in one woman who died when eight months gone; in another who believed herself at the

full time ; and in a third, supposed to be in the seventh month, dissected by his father and himself.

Lamotte, in chap. xxi, Book I, gives three instances of pregnant women whom he had occasion to open.

In the first, who was six months gone, and died of an apoplexy, the head, hands, and feet of the child occupied the inferior part of the uterus, while the back formed a kind of vault conformable to the shape of the womb, and the placenta was between them.

In the second, who being five months gone, fell into a fainting, of which she did not recover, the child lay across the uterus with the legs bent up.

In the third, who died in the sixth month, of a fluxion upon her breast, attended with a continual fever, the child's legs and buttocks were towards the bottom of the uterus, and the head downwards, as in natural labours.

Vide Tab. VI, VII, VIII, and IX.

From Dr. GARROW, dated Barnet, Feb. 4th, 1754.

Sir,

The few following remarks I lately made on opening the body of a young woman just dead from a flooding, in the beginning of the eighth month.

1. The uterus, distended by the waters, placenta, and foetus, appeared pretty much of an oval figure, prominent in the middle, and gradually flattening towards each side.

2. The fundus reached rather above the middle space between the navel and the scrobiculus cordis, pressing up the omentum and intestines, so as to make it easily appear why umbilical ruptures are less troublesome to women in the last months of pregnancy.

3. The thickness of the uterus was about a quarter of an inch, as near as I could guess, without measuring.

4. The child lay on its left side, the head presenting; consequently the face and fore parts turned towards the mother's right side; though not directly, but rather inclining towards the os pubis.

5. The placenta adhered to the os internum nearly by its middle or thickest part; in which part I perceived a laceration upwards of an inch long, and penetrating almost through the substance of the placenta.

6. There was not the least appearance of blood in the navel-string, except a few drops just by the child's belly; and I believe the whole quantity in mother and child, at that time, was very inconsiderable; but I had no opportunity of examining further.

NUMB. 2.—*Of the Signs of Conception.*

CASE 91.—*Menstrual Discharge in Pregnancy.*—In the year 1747, I visited a woman who was attacked by a super-purgation in the third month of her second pregnancy, and dreaded a miscarriage. I prescribed opiates; by which her disorder was immediately restrained; but I could not distinguish the period of her gestation by the touch in the vagina, because the uterus moved easily up and down. She had undergone a regular discharge of the catamenia in her former pregnancy; and in this they had twice appeared; but her sickness at stomach, and retching, which she had before experienced, were the symptoms from which she concluded herself with child. The looseness was soon stopped; and she felt the motion of the foetus in about six weeks, when the other disorders abated. (*Vide* Tab. VI.)

CASE 92.—*Menstrual Discharges with Pregnancy.*—In the same year, I was consulted by another patient, who

had a regular discharge of the menses, without retchings ; but suspected herself of being pregnant, by feeling a greater fulness about the third month. This, she supposed, might proceed from the bulk of the uterus, which kept up the intestines ; and in five or six weeks after, her suspicion was justified by the motion of the child.

CASE 93.—*Irregular Menstruation mistaken for Pregnancy.*—In the year 1742, I was consulted by a midwife about a woman supposed to be in the eighth month of her pregnancy. I was told she had been seized with a flooding, and in danger of miscarrying in the fifth month, when a gentleman of the profession was called, and used the common methods of restraining the discharge. This happened twice after ; and bleeding, with restringents, were as often repeated. The midwife, observing that the patient was not so big as she expected to find her at that period, desired me to examine ; and I proposed that the other gentleman should be called to the consultation ; but was given to understand that he was dismissed, and would never be employed again in the family.

The os internum was smooth ; and with my finger in the vagina, I could easily move the uterus upwards, and from side to side, while the lower part of the abdomen was perfectly soft. From these observations, I declared, that if she was at all pregnant, she could not be above three or four months gone ; and she assured me, that if she was not in the eighth month, she could not be with child at all. I then concluded that she had been obstructed four periods, and that the return of the menses had been mistaken for a flooding ; and this was certainly the case ; for she continued regular, without any other symptom of pregnancy. The gentleman who at first attended her had, a few months before this occasion, affirmed, that he could at any time discover whether or not a woman was pregnant, and

tell the period of her gestation within eight days of the exact truth.

CASE 94.—*Enlarged Liver mistaken for Pregnancy.*—Some years ago I was solicited by the midwife of the Mary le Bon workhouse, to go thither and see a girl about twelve years of age, supposed to be eight months gone with child, who was sent by the overseers of the parish to lie-in at the house. She told me, that several gentlemen of the profession, as well as midwives, had examined her; that one of them had offered to deliver her gratis, and some others had made great interest to be present on the occasion. I accompanied the midwife; and, first of all, examined the external parts; when finding the passage so small, that I could not introduce the tip of my little finger, I made no hesitation in declaring, that she had never conversed with man. I found a large swelling betwixt the scrobiculus cordis and the navel, which appeared to be the liver very much enlarged. The uterus it could not be; for I pushed my fingers quite below it, and pressed in the parietes of the abdomen almost to the vertebræ of the loins. The girl had been advertised, and the matron had got money from numbers who went to see her; and notwithstanding my declaration, the farce was carried on, until people began to suspect the deceit, when she was sent to one of the hospitals for the cure of her hepatic disorder.

CASE 95.—*Concealed Pregnancy at Six Months.*—I was called by a lady to prescribe medicines for a favourite maid who was obstructed; and from whose florid countenance I immediately suspected there was something extraordinary in the case; for women troubled with simple obstructions of the catamenia, are commonly, in the sixth month of the obstruction, of a pale bloated complexion.

[This is a very shrewd observation and worth remembering, as

it will often suggest a course of inquiry—awaken a suspicion—which may lead to important results, and prevent the physician from committing grave errors of diagnosis and of treatment.]

With great difficulty she was prevailed upon to let me examine the state of the uterus by the touch ; when I plainly felt the stretching of the womb in the vagina, as well as the circumscribed tumour a little below the umbilicus. By which circumstances, I was certified of her being six months gone with child.

In many cases, however, when the woman is fat, it is impossible to judge from this stretching till about the seventh or eighth month.

Lamotte, in chap. xi, Book I, gives several cases on the infallible signs of pregnancy in the last four or five months of uterine gestation.

Schenckius, in lib. iv “De Conceptione,” p. 617, compiles, from different authors, several observations of young girls, who have conceived and bore children at the age of eight and nine, as well as of women pregnant after the age of threescore.

Hildanus, Cent. 2, Obs. 60, mentions a girl of eleven who had the menses ; and in Obs. 61, affirms, that this discharge continued in a woman to the age of seventy-eight.

In the ‘Memoirs of the Academy of Sciences at Paris,’ H. 1710, p. 16, we find an account of a woman, aged eighty-three, who married a man of ninety-four, and was brought to-bed of a boy at the full time.

NUMB. 3.—*Of Premature Labour.*

CASE 96.—*Early Pregnancy ; Supposed Labour.*—In the year 1728, a woman imagining she had gone her full time of a first child, sent for the midwife, who had attended her three days ; when the husband came, and desired me to order some medicines to quicken the pains ; or, if I thought

it more necessary, to go and see his wife. When I went to the house, I found the midwife at work in stretching the parts, and, to use her own phrase, in making room for the child to pass. I sat down to wait for a pain, during which I might examine; but nothing of that kind happening, I introduced my finger into the vagina, and felt the uterus quite light, without the least distention; nor was any stretching or enlargement perceivable in the abdomen. (*Vide* Tab. V.) I then declared she was either not at all pregnant, or very young with child, to the astonishment of all the women, who could scarce believe that the midwife, who was not a young beginner, could be so far mistaken. For their satisfaction, I desired they would send for another midwife; who confirmed my declaration. The woman had never been regular in her menses, of which but a little appeared at a time, and that seldom; and this small evacuation, in all probability, proceeded from her having been weakened by large discharges from scrophulous ulcers. However, in eight months after this period, she was delivered of a full-grown child; and, in all likelihood, the uneasiness of which she complained, when I was called, was no other than breeding complaints.

CASE 97.—*Primipara; Spurious Pains in Ninth Month.*

—In the year 1744, a young practitioner in midwifery having attended a patient all night, sent for me in the morning, and told me that the os uteri was a little opened, that the membranes were broke, and the head presented; that the woman had slight pains, and he had tried to stretch the parts to no purpose. Upon examination, I found the os uteri open to the breadth of half-a-crown, but thick and rigid; and after having waited some time, observed that the pains were slight, and seldom recurred. This was her first child; and, according to her account, she wanted three weeks of being at the full time.

I told the gentleman, that, in my opinion, this was not real labour; and that the pains had been brought on by a looseness, with which she was attacked the preceding day. In consequence of my advice, she was blooded (her pulse being quick) and took an opiate; which carried off the pains; though in three weeks the real labour came on.

CASE 98.—*Early Rupture of Membranes; Opiates; Delivery.*—In the year 1749, I attended a woman come to the full time, of her first child; she had for three days been subject to slight pains, which recurred every now and then. The os uteri was a little opened, but thick; and as the head presented, though the membranes had broke too soon, I resolved to allow some time for dilating the os internum. I therefore prescribed venæsection, a glyster, and opiate; in consequence of which she enjoyed a good night; but after I was gone, it was imagined I wanted to protract the case, and a call was given to a midwife; who affirmed that had she been sent for at first, the patient would have been delivered before this period.

The slight pains, therefore, no sooner returned, after the effect of the opiate ceased, than she began to stretch the parts, and fatigued the woman so much, that they thought proper to call me again in the evening; when finding the pains inconsiderable, and the os uteri, though more dilated, still rigid, I ordered the opiate to be repeated; and the next day the pains growing stronger, she was safely delivered.

CASE 99.—*Primipara; Early Rupture of Membranes; Rigid Os; Opiates, &c.*—In the year 1753, I was, about six in the morning, called to a woman in her first pregnancy. The membranes were broke, the os uteri was considerably opened; but the child's head being large, rested above the brim of the pelvis (*vide* Tab. XII), while the vagina and os externum seemed very narrow and rigid.

The midwife had fatigued the patient by putting her in several different positions. Her skin being hot and dry, and the pulse full and quick, she was bled to the quantity of ten ounces; a glyster was injected; and after its operation, she took a draught with twenty drops of the *Tinct. Thebaic.* and two drachms of the *Syr. de Meconio*, which composed and threw her into a plentiful sweat. I was called again at night; when I found the midwife had persisted in fatiguing her; the head was advanced to the middle of the vagina, but the parts below were still very tight. I ordered the opiate to be repeated; she enjoyed good rest; and the parts being gradually distended, she was delivered next morning.

COLLECTION XIV.

OF NATURAL LABOURS.

NUMB. I.—*Of the Os Internum opened by the Waters and Membranes.*

(*Vide* Tab. X and XI.)

CASE 100.—*Primipara; Natural Labour; descriptive particulars of its course.*—In the year 1748, I was bespoke to attend a woman in her first child; and received a call about the middle of the ninth month, when she complained of pains in her head and back; and I understood she was costive, and troubled with a tenesmus, which she mistook for labour-pains. After having felt her pulse, which was quick, sat by her some time, and put the necessary questions to the nurse, I directed the patient to lie down on the side of the bed; and a quilt being thrown over her, placed myself behind, in order to examine. I found the os internum soft, but not open (*vide* Tab. IX); from which circumstance I declared she was not in labour; then I ordered her to be bled to the quantity of eight ounces; and a glyster being injected, she was relieved of her complaints. In a fortnight after this visit, I was again called, and found the labour begun; the os uteri was exceeding thin, and open to the breadth of half-a-crown; the membranes with the waters were pushed down by every pain, and the child's head rested upon the upper part of the os pubis.

For three or four days she had been subject to slight

pains ; which returned at long intervals ; then they became more frequent, recurring every two hours ; and by the time I was called, they had grown stronger, and came faster. As she was still costive, I prescribed an emollient glyster ; by which the indurated fæces were discharged ; and then the labour proceeded in a slow and kindly manner, the membranes gradually opening the mouth of the womb. I did not confine her to any particular position, but allowed her to walk about, and undergo her pains either sitting or lying in bed.

The membranes having fully opened the os internum, and being pushed down in a globular form to the lower part of the vagina, gave way during a pain, while she stood leaning on the back of a chair ; a large quantity of waters was discharged, and the child's head sunk down into the pelvis. This was her first child ; she was of a strong constitution, and the external parts were very tight ; so that I would not put her to bed until the head should have come lower down, and gradually opened the os externum. But these parts being pretty well distended, and everything fast approaching towards delivery, she was put to bed, which was prepared by the nurse, and laid on her left side ; at every pain the head advanced farther and farther ; the remaining part of the waters was gradually forced down, so as to lubricate the parts ; I then plainly felt the ear of the child at the pubis, the hindhead at the lower part of the left ischium, the lambdoidal suture crossing the end of the sagittal, and the fontanel on the other side higher up in the pelvis ; at which part the sagittal was likewise crossed by the coronal suture.

As the head advanced, the occiput was turned in below the os pubis ; the soft parts of the mother, backwards, were protruded in form of a large tumour ; the os externum was widened more and more ; the perineum lengthened to three fingers breadth, and the fundament to two ; the crown

of the child's head turned gradually upwards towards the upper part of the labia, the forehead being backwards at the lower part of the sacrum and coccyx; advancing still, the back part of the neck was felt below the pubes; then the perineum being stretched to four or five fingers breadth, very tense and thin, I applied to it the flat part of my hand during each succeeding pain, in order to prevent its being torn, and let the head be delivered in a slow manner, by rising up with an half-round turn below the os pubis. The same pain that delivered the head forced down the shoulders, which I helped easily along with my fingers placed towards the arm-pits. I kept the child, after it was delivered, under the clothes, until it began to breathe and cry; then I tied and divided the funis, put a warm cloth round the head, and, wrapping it in a receiver, gave it to one of the assistants. The placenta was gradually forced down into the vagina, and extracted by pulling gently at its lower edge and at the funis. The child was a strong healthy boy, and the mother recovered to my wish.

I have given a particular detail of this case, in order to make young practitioners acquainted with the common method of acting in natural labours, these being the circumstances that usually occur to an healthy woman in bearing her first child. Some slight pains recurring now and then for some days before the real labour, are of advantage, in slowly and insensibly dilating the os uteri; so that when the pains grow stronger, the delivery is the sooner effected. The os internum is very different in different women, with regard to the thickness and rigidity; and, in proportion to these, requires more or less time for the dilatation.

In forty-nine cases out of fifty, the membranes break after the os internum is fully opened, so as that they are protruded into the middle or lower part of the vagina. After these are broken, the pains frequently abate for a shorter or longer time, and then growing stronger, the

child's head is forced lower down, and the forehead turns gradually from the ischium into the hollow of the sacrum. Time should now be given for the vertex to open the os externum, and this is most safely effected by slow gradual pains ; for there is seldom occasion to lubricate or use other means for stretching the parts. Indeed, in natural labours, almost our whole business consists in encouraging the patient, and preventing the fourchette, or frænum labiorum, from being torn, when the head is protruded through the os externum. For although it is commonly said, that such a woman was laid by such a person, the delivery is generally performed by the labour-pains ; and if we wait with patience, nature of herself will do the work. We ought not, therefore, to fatigue the patient, by putting her too soon in labour, according to the common phrase, but to attend carefully to the operation of the pains ; and in most cases we shall have nothing else to do but receive the child.

[I do not think there is anywhere to be found a more graphic and truthful description of the successive phenomena and symptoms occurring in the course of natural labour. Every particular of the slightest importance is recorded in simple, perspicuous language, free from exaggeration or false colouring of any kind. Not less conspicuous is the sound, practical good sense which characterises the general rules for managing these cases.]

CASE 101.—*Premature Labour from a Diarrhœa ; Child Dead and Putrid.*—In the year 1743, I delivered a woman, in the beginning of the seventh month, of her third child. Her husband had died suddenly about twenty days before, and upon that occasion she had felt the child move with great violence, and this was succeeded by a kind of tremulous motion ; after which she never felt it stir. On the nineteenth day after this accident, she was taken with a looseness, which brought on labour-pains ; the membranes broke when the mouth of the womb was fully opened, and

she was immediately delivered of a dead child, which passed easily along, though its abdomen was much swelled.

[The fact of the foetus being dead, must have strongly predisposed this patient to premature labour; and the diarrhoea was just sufficient to act as an exciting cause, and to bring on pains which would probably have come on spontaneously a few days later.]

NUMB. 2.—*Of the Os Externum opened by the Membranes.*

CASE 102.—*Natural Labour; Membranes entire till Head expelled.*—In the year 1742, I was called to one of the poor women whom my pupils attended; and examining in time of a pain, I found the waters had pushed the membranes through the os externum, in a large, round, globular figure. When the pain abated, and the membranes became lax, I could easily with my finger feel the child's head at the lower part of the vagina. I desired her to lie down with her breech to the bedside, and be covered with a quilt. The pains, which were strong, returning at short intervals, forced the membranes and waters with the child's head through the os externum; even the shoulders, and part of the body, were delivered before the breaking of the membranes, which then gave way, tearing all round from the edge of the placenta, and remaining upon the head and body of the child, which could not breathe until I had stripped them off.

The woman had bore children before this labour; the pelvis was large, the child come to its full time, and of an ordinary size; but the placenta came off with difficulty. I understood she had not undergone above six pains when I arrived; and before the pupils could have notice to come she was delivered. She expressed great joy when she knew the child was born with a cawl, which she dried and carefully kept, in full persuasion that

her child would never suffer extremity, either by sea or land, while it remained in her possession.

CASE 103.—*Natural Labour; Membranes entire till Head born.*—In the same year, I was called to another poor woman, whom I delivered by myself. The membranes, waters, and head, were protruded through the os externum, while the patient stood leaning on the back of a chair; then the membranes breaking, were torn all round before the shoulders were delivered, and remained sticking on the head; the same pain brought forth the body and the placenta; and I arrived just in time to prevent the child's falling on the ground.

CASE 104.—*Premature Labour; Membranes expelled before Head; Child dead and putrid.*—In the year 1746, I attended a person who fell in labour in the latter end of the eighth month; she formerly had quick labours, and now the pains were strong and frequent. The membranes and waters had opened the os externum, and the head of the child was low down, though it did not advance in proportion to the protrusion of the membranes, which at last were forced down about the size of a child's head, without the os externum. While the head was retarded in this situation, the weight of the waters stretched down the membranes, and formed the appearance of a large bag, narrow at the upper part, which I pulled away, and threw into a basin. In three pains more, she was delivered of a child, which had been dead eight or ten days, with a swelled abdomen, which had retarded the birth.

CASE 105.—*Primipara; Premature Labour; Ovum expelled entire.*—In the year 1748, I was called, in a great hurry, to a gentlewoman in labour of her first child, in the beginning of the seventh month; but, before I arrived, the membranes, with the placenta, waters, and child, were delivered all together, and put in a basin by the nurse;

so that I found the membranes whole, and the child swimming in a great quantity of water. Without remembering to search for the allantois, I opened them in a hurry, and perceived that the child had been dead ten or fourteen days.

CASE 106.—*Primipara; Natural Labour; Child dead.*—In the same year my assistance was demanded for another patient, come to the full time in her first child; the labour was slow; but, by degrees, the waters and membranes opened the os internum and externum without breaking, and the woman was delivered of a dead child, whose belly was swelled.

CASE 107.—*Labour at Eighth Month; Child hydrocephalic.*—In the year 1751, I delivered a woman in the eighth month, whose os externum was opened by the membranes and waters, which were pushed out a great way; the child's head was likewise partly protruded, but yielding a very uncommon feeling to the touch, as if there had been another set of membranes and waters, within which I thought I felt the loose bones of the skull. When I broke the membranes, I felt the hairy scalp, and discovered an hydrocephalus in the child; which was soon delivered, and lived some days, though from its continual moaning, it seemed to be in great agony.

(*Vide Cases 275, 276, 295, and 400.*)

Besides these, I have assisted in a great number of cases, where the membranes have opened the os externum, and the head has been delivered before they broke. Indeed, in all natural labours, I wait for this operation, which renders the passage for the child much more easy; and I never tell the good women whether or not the membrane remains upon the child's head, that they may not have an opportunity of indulging an idle superstition.

[Another instance this of Smellie's utter contempt of superstitious

usage and opinions, no matter how ancient or how largely credited. Except, perhaps, in first labours, I do not think the presence of the membranes and liquor amnii serves any useful purpose after the full dilatation of the mouth of the womb and the descent of the head into the true pelvis ; under these circumstances I generally prefer to rupture the membranes and let the waters run off.]

NUMB. 3.—*Of the Os Internum opened by the Child's Head and Membranes. Also of the Os Externum opened in the same manner. (Vide Tab. XIII.)*

CASE 108.—*Natural Labour ; Absence of Waters.*—In the year 1747, being called to a woman in labour of her second child, I felt the mouth of the womb largely open ; and the midwife said that the membranes were broken. This declaration had alarmed the women, who entertained an idle notion, that if she was not immediately delivered, she would lose her opportunity ; and, indeed, this apprehension was the cause of my being employed. After she had undergone two or three pains, I found that the head had gradually increased the dilatation of the os internum ; that the membranes were not yet broke, and that the midwife had certainly mistaken a small discharge of urine for the waters. I then assured the patient that she was in no danger ; and that, even though the membranes had been broken, the delivery ought to be left to the labour-pains ; in consequence of which, the head was soon forced down into the middle of the pelvis ; and the os uteri being fully dilated, I felt the membranes very smooth. Another pain forced the head down to the lower part of the pelvis, when the membranes splitting upon the head, I could plainly distinguish the hair of the scalp ; and the patient was, in a little time, safely delivered by the midwife. I could feel no waters during labour, and there was only a small quantity discharged when the body was delivered.

Both before and since this occasion, I have been con-

cerned in many cases of the same nature, which generally prove easy and successful, and happen when the child is surrounded by a small quantity of water. I have been sometimes puzzled to know whether or not the membranes were broken, until the head came so low down, that I could easily introduce the fore and middle fingers, and feel the hairy scalp. However, this uncertainty is of no consequence in such easy labours; at other times, I could feel no waters until the head descended low down, and then I have perceived them protruding the membranes at the back part of the pelvis. (*Vide* Tab. XIV and XV.)

CASE 109.—*Natural Labour; no Waters.*—In the year 1745, I attended at a labour in which the child's head came down in the same manner as that described in the preceding case; the child was small, and came easily along; but I could feel no waters, nor did the membranes give way until the head was delivered. In other cases where there was little or no water, the membranes generally broke sooner.

NUMB. 4.—*Of a small Child or large Pelvis.*

CASE 110.—*Rapid Labour; premature.*—In the year 1749, I was called to a gentlewoman, who had bespoke my attendance in consequence of her having been formerly subject to lingering labours, from the large size of the child and the smallness of the pelvis; but, before I could reach the place, she was delivered; and this uncommon facility proceeded from the very small size of the child, which was born four or five weeks before the end of her reckoning.

CASE 111.—*Primipara; rapid Labour; Os Uteri protruded.*—In the year 1751, my attendance was bespoken for a woman in her first labour by her friends; who was afraid it would be difficult, because she was pretty much

distorted, had been sickly during pregnancy, and took but very little nourishment. For two or three days, she had been subject to slight pains, but when they became stronger, I was suddenly called; and when I reached her house, found the child coming into the world. It was very small, the pelvis of a middling size, and the os uteri was pushed down without the os externum.

The suddenness of the delivery occasioned an inflammation of the mouth of the womb, which abated in consequence of her drinking plentifully of diluting liquors; yet, after the ninth day, she complained of great pain in that part when she sat up, but was tolerably easy while she lay in the bed. For this reason, I prescribed a longer term of confinement than is usual, and directed a sponge dipped in warm claret to be put up in the vagina, and this application to be repeated several times in a day; by these means the complaint vanished by the end of the month.

CASE 112.—*Rapid Labour; Prolapse and Swelling of Os Uteri after Delivery.*—About five or six years ago, I was called to a patient on the thirteenth day after delivery, who laboured under the same complaint which I have described in the preceding case, and which was likewise the consequence of sudden delivery. The pelvis was large, and the os uteri being swelled and painful to the touch, I ordered her to be confined to her bed. The family physician being consulted, it was agreed that she should drink plentifully of weak caudle, chicken-broth, and, for a change, barley-water, in order to promote a diaphoresis; and that equal parts of the emollient decoction and French claret should be applied in the vagina, with a fine linen rag. For many days the pain always returned when she rose from bed, till one night, being told the child was very ill, she ran up to the nursery in a hurry; and this motion entirely carried off the complaint.

[It is not easy to understand how "running up to the nursery in a hurry" could possibly have the effect of "entirely carrying off" this woman's complaint. We must suppose a good deal of it was fancy, and that she found the treatment and restraint worse than the disease !]

I have been concerned in many cases where the women suffered, though not to such a degree, when the labour was precipitate, the child small, or the pelvis large.

[The only case I ever saw of actual *procidencia uteri after delivery*, was in a young woman confined of her first child in the Lying-in Hospital (Dublin), in December, 1856. She had a tedious labour and there was some trouble in keeping up the anterior lip of the os uteri, when the head began to descend into the pelvis. On the day after delivery my attention was directed to her by the assistant on duty, and I then found the entire cervix, swollen, livid, and congested, protruding beyond the os externum. It formed a tumour the size of a duck's egg, and was covered with muco-sanguineous discharge. At first we thought it was the inverted uterus, but a little examination corrected this impression. The anterior lip was considerably thicker and larger than the other, and the index finger could easily be passed up the cervical canal, though not without causing some pain to the patient.

Three weeks afterwards I made another careful examination, and found she had an abnormally short vagina. The anterior lip was still much larger than the posterior. She could walk about now without feeling any tendency in the womb to prolapse, and she assured me she never had any complaint of the kind till after she was delivered.

The perineum had been lacerated, and this, together with the shortness of the vagina, the irritation of the anterior lip, and some cough which she had, all concurred, I think, to occasion the *procidencia uteri*.]

Many women have bespoke my attendance, and, notwithstanding all my expedition, have been delivered before I could reach the place. One woman in particular bore five children so suddenly, that although I lived in her neighbourhood, and happened always to be at home, I never could arrive time enough to assist her, except in her first child.

COLLECTION XV.

OF LINGERING OR TEDIOUS LABOURS.

NUMB. I.—*From the Rigidity of the Membranes when pushed down with the Waters.*

(*Vide* Vol. I, p. 213.)

CASE 113.—*Tedious from Toughness of the Membranes requiring Artificial Puncture.*—In the year 1743, about seven in the evening, I was called to a patient whose pains were pretty strong. The mouth of the womb was largely open, the head presented at the upper part of the pelvis, and, as usual, rested against the superior part of the os pubis; and during every pain a small quantity of the waters pushed down the membranes at the back part of the pelvis. I waited to see if the child's head would advance, and though the os internum was fully open, would not venture to break the membranes; because when I attended her at the birth of her first child, the preceding year, the labour was lingering and tedious from the large size of the head, even though it had advanced farther, when the membranes were broke. I was therefore loath to break them until the head should come lower down; and she continued without any sleep or rest, subject to pretty severe pains at the interval of five or six minutes, till about seven in the morning, when, in spite of all my care to prevent her being fatigued, and the encouragement of the family physician, who was present, her spirits began to flag; she exclaimed she should die before delivery; and the friends seemed to be anxious and uneasy about her situation. During all this time, the head had not advanced in the least, nor were the membranes with the waters farther pushed down. I introduced my finger into the vagina, and

after two or three unsuccessful attempts, burst them during a strong pain ; by which means a large quantity of waters was discharged, and the head forced down to the middle of the pelvis. This being effected, she was soon delivered of a fine child, though smaller than the former.

CASE 114. — *Primipara ; Tedious Labour from Toughness of the Membranes requiring Artificial Rupture.*—In the year 1745, about three in the morning, I was called, by a midwife, to a woman in labour of her first child. I understood that the pains had been strong and frequent, and that the friends being uneasy, recourse was had to my advice and assistance. I examined during a pain, and found the mouth of the womb open to about the breadth of a crown-piece, though the os uteri was pretty thick and rigid. She had been fatigued by walking, and undergoing her pains standing, and in various other positions ; had enjoyed little or no rest for two nights, and was very costive. I prescribed an emollient and laxative glyster ; after the operation of which, I again examined during a pain ; found the os internum much in the same condition, the membranes being strongly pushed down with the waters. When, upon the pains abating, the membranes became lax, I felt the child's head, which being touched by the finger, swam up and returned : a circumstance that plainly proved there was a great quantity of waters. I assured the patient and her friends, that the child presented fair, and that there was no apparent danger ; then I advised the midwife to put her to bed, without exposing her to any further fatigue, or desiring her to force down, except when compelled by the pains ; and in case she should not otherwise enjoy some rest, I prescribed the following draught :

R *Aq. Alexit. Simp.* ʒxiv. *Tinct. Thebaic.* gt. xv. *Syr. e Meconio* ʒij. m.

[The *Aqua Alexiteria simplex* was distilled from green mint, the

tops of sea wormwood, and green angelica leaves. It possessed little use beyond being a pleasant aromatic vehicle for more active medicines.]

And I directed her to drink frequently of weak warm caudle, to promote a diaphoresis. Next evening I received another call, when the midwife gave me to understand that she had taken the draught, in consequence of which, she had enjoyed refreshing rest and a plentiful sweat, although she had been frequently waked by the pains ; and she told me that the membranes were not yet broken, although the mouth of the womb had been fully opened for four hours. When I examined, I found the membranes pushed down with a large quantity of waters, to the lower part of the vagina ; and when the pain abated, felt the head pretty low. It still moved easily up and down ; whence I concluded that either it was small, or the pelvis not narrow : yet, as this was her first labour, I waited two hours, in hope that the membranes would advance farther, and open the os externum ; but they remaining in the same situation, I imagined their rigidity retarded the delivery ; and breaking them in this persuasion, the child was soon delivered.

CASE 115.—*Primipara ; Hæmorrhage ; Tedious Labour from Thickness of the Membranes ; Artificial Puncture.*—In the year 1745, I was early in the morning called by a midwife, to a woman who had been four-and-twenty hours in labour of her first child. I found the mouth of the womb largely open, the waters pushing down the membranes in a large globular figure ; and as the violence of the pain abated, I felt the head of the child resting at the upper part of the os pubis. The midwife told me the patient had been in that condition several hours, but that she was afraid of breaking the membranes too soon, because she suspected that the woman was a little distorted and the pelvis narrow ; however, the friends being

concerned at her being so long in labour, and a discharge of blood supervening, she had thought it necessary to ask advice.

After having twice again examined during pains, and maturely considering the case, I concluded that delivery was retarded by the rigidity of the membranes, which seemed to be thicker than usual; for as the child's head swam up from the touch and returned, it was plain that it could not be engaged, and that there was a great quantity of the waters. Though she had not, to all appearance, lost above twelve ounces of blood, yet as the discharge seemed to increase, I broke the membranes the next pain; a large quantity of waters was discharged, and the child's head was forced more backwards, towards the upper part of the pelvis. I likewise felt the os internum loose and soft; and as it was no longer kept on the stretch by the membranes and waters, she became perfectly easy, had no pains for a long time, and the flooding entirely ceased.

Before the membranes were broken, she had felt a strong propensity to sleep, which the pains prevented; but now I ordered her to be undressed, put in her bed naked, and kept quiet, that, if possible, she might enjoy some natural repose. She accordingly rested, and was refreshed. As for the blood she had lost, she was rather benefited than injured by the discharge; for she had for some weeks complained of drowsiness, fulness in her eyes, with pains and giddiness in the head; which were now removed, insomuch, that she declared herself much more light and easy. I desired the midwife to indulge her in her repose, and when the pains should return, to let the labour proceed in a slow and easy manner, allowing time for the head to stretch the vagina and external parts; and I told her, that the patient being strong and healthy, nothing else was necessary, but that she should frequently drink weak caudle, broth, or barley-water, to encourage and support a plentiful perspiration. I was afterwards informed, that she slept several

hours, and upon the return of the pains was safely delivered by the midwife.

CASE 116.—*Toughness of the Membranes.*—In the year 1750, I attended a gentlewoman, though not in labour of her first child, who suffered all the complaints described in the preceding case, except the flooding. By my advice, she lost eight ounces of blood, and was immediately relieved; but the labour being retarded by the rigidity of the membranes, though the child's head was pretty far advanced in the pelvis, they were broken; and in two or three pains after, the woman was delivered.

NUMB. 2.—*From the Rigidity of the Membranes when not protruded by the Waters.*

CASE 117.—*Tedious Labour; very little Waters.*—In the year 1745, I was, about four o'clock in the morning, called by a midwife, to a woman whom she had formerly delivered with ease; but now she had been in strong labour for many hours. She said, the waters had been draining off for the space of three hours, and she had with every pain expected the delivery, which she supposed was retarded by the child's being large and dead. I found the child's head about two thirds down in the pelvis, and during every pain perceived the discharge of a very little water, which I at first mistook for those of the uterus. But, upon the cessation of a pain, raising the head a little with my finger, I observed a large quantity was discharged from the bladder; and when I felt for the hair of the scalp, I found the membranes smooth and unbroken. I again raised the head, that the patient might discharge more urine, and then the membranes split. By the next pain, the head was forced down to the os externum; and in a very little time the child was delivered.

CASE 118.—*Primipara ; Tedious Labour ; Toughness of Membranes.*—In the same year, I attended a woman in labour of her first child, and could feel no waters, though the head and membranes had gradually opened the mouth of the womb, and were forced down to the middle of the pelvis ; where, however, they remained near two hours. As I could insinuate my finger all round the under part of the child's head, felt the ear at the os pubis, and distinguished the sutures, I concluded that the head was not large nor the pelvis narrow ; but that this delay must proceed from the rigidity of the membranes. These, therefore, during a pain, I endeavoured to wear thin, by rubbing them with the edge of my nail, which was smooth and short ; accordingly, in time of the next pain, they split upon the head, which was immediately forced down to the os externum ; and this being gradually dilated, the child was delivered.

I have been concerned in many cases of the same kind, where labour was retarded by the rigidity of the membranes ; but as I have frequently known tedious and lingering cases proceed from too much precipitation in breaking the membranes, I choose rather to err a little on the other extreme, provided the patient is in no danger from weakness or flooding.

[A very prudent observation, and especially applicable to first labours. In succeeding labours we need not observe such extreme caution, provided the presentation be natural or favorable, and the dilatation of the os somewhat advanced.]

NUMB. 3.—*From the Membranes breaking too soon.*

CASE 119. — *Tedious First Stage from Early Discharge of the Waters.*—In the year 1743, my attendance was bespoke to a patient who was very fat and unwieldy. She had been taken with very slight pains, and the membranes breaking, a great quantity of waters was discharged ; upon which being called in a great hurry,

I found the mouth of the womb open to about the breadth of a sixpence, and thin though rigid.

She had been, five years before, delivered of a child, which followed immediately after the rupture of the membranes, and she now expected the same expeditious delivery. I told her that there was a great difference between that labour, occasioned by the long interval, by her present corpulency, and the precipitate discharge of the waters, which might render the case more tedious; though, as the pains were trifling, and the child presented fair, I encouraged her to exert her patience, to banish all anxious thoughts, and avoid all manner of fatigue; and as she was costive, I prescribed a glyster, which had the desired effect.

After this period, she continued three days and three nights in a lingering kind of labour, before the mouth of the womb was sufficiently dilated; so that I was obliged to give her an opiate every evening, and direct her to reserve her strength by lying mostly in bed. The os internum being fully opened, the pains grew stronger, and she was soon delivered of a very small child.

[This is a good description of a kind of case I have often met with, both in first and subsequent pregnancies. The premature discharge of the waters provokes a certain amount of painful contractions of the womb, of an irregular kind, and having no real parturient effect. Having recognised their nature, our prime object should be to allay them, and patiently await the *spontaneous* accession of true labour-pains.

The directions given by Smellie to the above patient may be taken as an admirable guide for our practice in all these cases; and I may here remark that a like train of symptoms sometimes comes on without the antecedent rupture of the membranes. He enjoined strict bodily rest, tranquillity of mind, attention to the bowels, and opiates at night. Where an opposite course is pursued, from not understanding the true nature of the case, and the patient is "put on her labour" before the proper time, very unpleasant consequences, especially with primiparous women, are sure to ensue. From the combined effect of exertion, pain, excitement, and loss of rest, the

patient becomes feverish, fatigued, and dispirited ; the first stage is much prolonged ; and when she has entered the second stage and could assist by her voluntary efforts, she is incapable of doing so, or of bearing up under any delay, and an early resort to instruments is called for. Many such cases I have met with, and several good examples are here given (*e. g.* Cases 97, 98, 99, 142, 143, 226. &c.) which abundantly illustrate these remarks and the line of treatment he pursued with regard to these cases, which clearly shows that our author thoroughly understood their nature, and the proper principles which should guide us in their management.]

CASE 120.—*Early Rupture of Membranes ; Irregular Uterine Action.*—In the year 1745, I was called to a poor woman who had been two days in labour of her third child, and found the os uteri open to about the breadth of a shilling, the lips being thick but soft ; the membranes were broken, the child's head rested at the upper part of the pelvis, and the patient laboured under a looseness, which probably had brought on some slight pains. She had been attended by a person of no education or practice in midwifery ; who finding the membranes broken, imagined it was his business to promote the delivery with all possible expedition ; and with that view, fatigued the patient excessively, by ordering her to walk about and bear down with all her force at every inconsiderable pain.

The woman being quite exhausted, I directed her to be put to bed and kept quiet, and leaving a gentleman and midwife, who at that time were my pupils, I desired them to give her five grains of the *pilulæ saponaceæ*, and repeat the dose once or twice, if there should be occasion. By these means she was freed of pains, procured rest, and recovered her exhausted spirits. She continued easy for two days, except in time of some slight pains, which every now and then recurred, and during which a small quantity of the waters continued to be discharged ; but on the third night, the pains increased, the os uteri became softer, and

was more and more dilated by the child's head; which advancing, plugged up the parts, so as that the dribbling of the waters ceased; and in a very little time the woman was safely delivered.

CASE 121.—*Premature Rupture of the Membranes; Tedious Labour.*—Soon after this occasion, I was called to a labour by a gentleman of very little experience in the practice of midwifery, who, taking me aside, told me he was just going to deliver a woman whom he had attended a night and a day; and that, as his character was not established, he thought it advisable to have a person of the profession present. Indeed I was struck with his apparatus, which was very extraordinary, for his arms were rolled up with napkins, and a sheet was pinned round his middle as high as his breast. His intention was to turn the child and deliver footling; and he desired me to examine the woman, that I might satisfy the friends of the necessity he was under to take this step immediately, for the preservation of the mother and the fruit of her womb. I felt the os internum open to the breadth of a crown-piece, and the head presenting; and after having fully informed myself of every circumstance necessary to be known, I concluded that the labour had been rendered tedious from the premature rupture of the membranes. I then gave the gentleman a friendly advice in private; in consequence of which he laid aside his working dress (!); and as the woman, who was strong, had enjoyed no rest the preceding night, an opiate was administered. She slept several hours, and was refreshed, and towards morning, the pains returning, delivered the child and secundines.

I have assisted in a number of such cases, where, by a cautious management, the parts were gradually opened, and the woman safely delivered. In many women I have known the membranes broken several days, weeks, and

even months, before labour ; and, provided they were not much weakened, they have been delivered with ease. In my practice, this case has chiefly prevailed among fat women, and may perhaps be owing to laxity.

[A slight occasional dribbling of water may go on for weeks, as Smellie states, before labour sets in. But the sudden gush of a large quantity of water from the gravid uterus is surely followed by the accession of parturient action within a few hours or days ; and no doubt the proposal to induce labour by the artificial rupture of the membranes was based on a knowledge of this fact. The longest interval I have seen between this sudden and profuse escape of the waters and the setting in of labour, was seven days. The lady was at the close of her second pregnancy.

The premature escape of the waters is very likely to exert a prejudicial influence on the labour process, should the patient be a primipara ; but even here, should the pains not set in for some hours after the escape of the liquor amnii, no ill consequences may follow, and hence these patients should be kept lying down, and everything calculated to suppress any immediate disposition to uterine action should be observed. Thus, time is allowed for the preparation of the uterus for the great function of parturition, and for that united, harmonious action of all the parts concerned, which forms so essential a condition for natural labour. On the other hand, when the uterus is suddenly provoked (surprised, we might say) into action by the premature escape of the waters, the process of labour is apt to be deranged, and, consequently, protracted, from irregular or spasmodic uterine action and from rigidity or non-relaxation of the os uteri.

Smellie's "cautious management" of these cases of tedious labour was very judicious. Rest and moderate opiates were his chief remedies, which, from the success attending their use, would seem to favour the idea that irregular contractions of the uterus were the cause of delay, rather than any actual rigidity of the mouth of the womb. These two causes of tedious labour, however, may, and very often do, coexist in the same case.]

CASE 122.—*Early Rupture of Membranes; Linger- ing Labour; Opiate.* (Communicated by Dr. D'URBAN, of Richmond, in Surrey.)—In the year 1750, he was called to a woman in labour, near Norwich. The waters had been drained off for two days, during which she had enjoyed no rest. She was very weak and low spirited, had violent retchings with a singultus; and when he examined, he found the child's head presenting. He directed her to be put to bed, prescribed an anoydne draught, in consequence of which she had a refreshing sleep of two or three hours; then the pains, which were weak before, grew strong and more frequent, and the woman was safely brought to bed.

He says, he could have delivered with the forceps; but followed my advice, which was never to use them but when they were absolutely necessary. The same method he has successfully used upon several occasions.

CASE 123.—*Primipara; Tedious Labour; good effects of Opium.*—I was called to a patient in labour of her first child. The membranes broke in the evening, and she had frequent pains all night; but would not allow me to examine till about eight o'clock next morning, when I found the child's head resting above the pubes, and the os uteri soft and lying loose, as if it had been pretty largely opened before the membranes broke; but the vagina was very strait as well as the os externum.

She enjoyed no rest all night, the pains grew excessively strong and frequent, and the child's head had not advanced in the least. Being apprehensive from her violent complaints of the abdomen, that the uterus would burst by such strong efforts, I prescribed a paregoric draught to allay the violence of the pain and procure sleep. As she had been used to take opiates, the dose amounted to thirty drops of the *Tinctura Thebaica* with ʒij. of the *Syrupus de Meconio*, and some simple cinnamon-water.

This prescription had the desired effect ; she slept several hours, though every now and then her sleep was interrupted by a strong pain.

About twelve that night, when the effect of the opiate was worn off, her violent pains recurring, I was allowed to examine again ; and finding the head still in the same situation, the draught was repeated. This kept her tolerably easy till eight in the morning, when the pains returning, it was again administered ; for the same reason it was repeated at six in the evening and four in the morning. About eight, I was permitted to examine the third time, when I felt the head pitched down in a lengthened form to the middle of the pelvis ; but the lower part of the vagina was still very narrow as well as the os externum, and time was required for dilating both, and for pushing down and elongating the head, which was large.

At the beginning of labour she had some loose stools, but made no water for three nights and two days ; so that when the effect of the opiate ceased the distension of the bladder aggravated the agony of her sufferings ; yet no persuasions would induce her to let me draw off the urine, and I was again obliged to repeat the opiate. Her strong pains, which every now and then recurred, she endeavoured to suppress, lest I should desire to examine, and would allow nobody to be with her but the nurse.

At length I was, in the evening, suddenly called from another apartment, and finding the head almost delivered, I had just time to prevent the laceration of the external parts. I felt a languid motion in the vessels of the funis, but could not by all the usual methods, bring the child to breathe. I brought away the placenta, found the uterus in a right state, and immediately drew off a large quantity of urine with the catheter. Nevertheless, I was obliged to repeat the draught four or five times in four-and-twenty hours, because she could neither rest nor sweat without it ;

her pulse flagged, and her spirits sunk, and no other cordials had the least effect. After delivery, her urine was obstructed for three days ; and for eight weeks afterwards she lost the power of retention, which, however, returned with her strength. As for the child, it was probably lost by her timorous disposition, in consequence of which she refused all assistance at the latter end of labour.

COLLECTION XVI.

OF LINGERING AND TEDIOUS LABOURS.

NUMB. 1.—*The Forehead prevented from Turning Backwards into the Lower and Concave Part of the Sacrum.*

(*Vide* Tab. XIII, and Vol. I, pp. 217 and 274.)

CASE 124.—*Rectification with Fingers of a Transverse Position of Head.*—In the year 1749, I was called to a woman who had been long in labour of her first child, and was naturally of a weak and delicate constitution. On that account, the midwife told me she had kept her mostly in bed, and done nothing to fatigue her. She said the labour had gone on very well, though the pains were slight and at long intervals; and that since the discharge of the waters, the child's head had advanced slowly to the external parts, where it had stopped for a considerable time. This account I found true upon examination. A glyster had been administered with good effect, and the patient had enjoyed a good deal of sleep between the pains; but finding her pulse rather too weak and languid, I directed her to take two spoonfuls of the following mixture every half hour:

R *Aq. Cinnam. ten. ℥ivss. Spiritus Sal. Vol. C. C.*
Ess. Conf. Cardiac. ʒj. Syr. Simp. ℥ss. M.

I attended some time without perceiving that the head advanced to open the os externum. I felt one of the ears at the os pubis, and lambdoidal crossing the end of the sagittal suture at the lower part of the right os ischium, and the fontanel on the opposite side at the upper part of

the left. I perceived that the pains had not force enough to move the occiput from the right ischium, so as to pass under the os pubis, and the forehead from the opposite side to the hollow of the os sacrum; I therefore, during the next pain, introduced my fingers towards the child's left temple, and turned the forehead backwards to the os sacrum. The narrow part of the head being now towards the sides and lower part of the pelvis, the vertex immediately advanced forwards, gradually opening the os externum during every pain; and the woman being safely delivered, the placenta separated slowly, and was discharged in about half an hour.

CASE 125.—*Same Malposition of Head; Trial of Fillet; Rectification by Fingers.*—In the year 1744, I was called to a woman in labour of her first child, and found a midwife and another male practitioner in waiting. This last gave me to understand, that when he came the patient had been a long time in strong labour; that after the mouth of the womb was sufficiently opened, the membranes had broken, and the pains gone off for some time, though they returned with greater violence, and forced down the head to the lower part of the pelvis, beyond which situation it had not advanced in a whole hour; that he had attempted to deliver it with a lack or fillet, which he had procured as a great secret; but the head being large, he could not fix it properly, neither could he, after repeated trials, bring the child by the feet; so that he concluded there was an absolute necessity for opening the head.

Upon examination, I found the head in the same position as that described in the preceding case, or rather higher in the pelvis. The pains were tolerably strong, the woman's pulse was much more quick than is usual, even in time of pain. She complained of a violent headache, laboured under great drought, and her skin was very hot and dry.

Of these complaints, however, she was relieved by losing ten ounces of blood from her arm.

I told the gentleman, that as the patient was strong and the pains continued, we ought to wait the efforts of nature, without using either forceps or fillet, which I never applied, except to assist nature when she was too weak. When I examined again, I found the head lower down, and moved the forehead backwards towards the os sacrum; so that the crown of the head advancing, opened the os externum, and the patient was soon delivered of a child of an extraordinary size. But the fillet having galled and torn part of the hairy scalp from the occiput, was the occasion of a violent inflammation, of which the child died in a few days. The mother, however, recovered tolerably well; and since that time has had pretty easy labours.

CASE 126.—*Occipito-posterior Position of Head; Puncture of Cranium; Rectification by the aid of the Fingers.*—In the year 1750, I was called by a midwife to a very fat woman, near the age of forty, in labour of her first child. The membranes had been long broken before I came; and I understood that the friends, being uneasy, had sent for a gentleman of the profession, who, in attempting to deliver the patient, said he had broke his instrument, and went home in order to fetch another; but instead of returning, he sent a message, importing, that he was obliged to go and attend another woman.

Her pains being strong, the os externum and lower part of the vagina were gently dilated; and the forehead being moved backwards at the same time, the head advanced, and the woman was delivered in about half an hour after I arrived.

There was a very small opening through one of the parietal bones of the child's skull; yet none of the cerebrum was evacuated, though a great deal of blood was discharged,

notwithstanding the application of proper compresses; and the poor child died moaning, in five or six hours after its birth.

[The preceding three cases, together with some that follow (viz. Nos. 128, 130, 132, 133, 137, 140) are deeply interesting, and exhibit very prominently, not only Smellie's diagnostic precision, but his intimate acquaintance with the mechanism of parturition and his close adherence to its principles in practice.

In Cases 124, 125, and 126, the long diameter of the foetal head was placed nearly transversely in the pelvis, having originally presented in the third or fourth position, and the forehead having only partially completed its rotation round to the sacrum. At this stage he interposed by completing the turn of the head, which soon brought matters to a conclusion.

The late Professor Montgomery, in the year 1835, described cases similar to these under the name of "*transverse malposition of the head*," and recommended a like proceeding for its correction. Strange to say, he makes no allusion in his paper to Smellie, and seems to regard his own proposal as though it were original.¹

Strictly speaking, perhaps, all the foregoing cases should not be regarded as instances of "rectification," inasmuch as the original malposition of the head was, with some of them, in process of being rectified by nature herself, and all the accoucheur did was to assist and expedite this process.]

CASE 127.—*Failure with Forceps; Natural Delivery subsequently*.—In the course of the same year, I was called by a gentleman who had formerly attended me for a short time, in behalf of a woman whom he had attempted to deliver with the forceps. He said, he was sure they had been properly applied; that he had pulled with great force, without being able to move the child's head; and that the woman was in such imminent danger, he did not believe she could live until we should reach the house. Notwithstanding this declaration, I found her pulse strong and good, as well as the pains; and that not above one third

¹ 'Dublin Medical and Surgical Journal,' vol. vi.

part of the head had come down into the pelvis. I likewise understood she was used to have tedious labours, proceeding, in all probability, from the small size of the pelvis. I privately convinced the gentleman of his error ; observing, that as the pains were good, no force ought to be applied ; that the forceps would never succeed, except when the head was come lower down ; and even then ought not to be used, unless the woman was in danger from weakness and want of labour-pains. We prescribed a mixture, to amuse the patient ; and in about five hours she was safely delivered.

NUMB. 2.—*Of the Vertex presenting, though low in the Pelvis, the Forehead being towards the Os Pubis.*

(*Vide* Tab. XX, XXI.)

CASE 128.—*Fontanel towards Left Groin ; Rectification by Fingers.*—In the year 1747, I was called by a midwife to a woman whom she had attended near two days, and whose former labours had been very easy ; from which circumstance she inferred, that in this case the child was of an extraordinary size.

I found the fontanel towards the left groin, and the lambdoidal crossing the sagittal suture at the right side of the os coccygis. The os externum I gently opened during every pain, raising the head a little when the pain began to abate, and moving the forehead to the left side of the os sacrum. As the next pain increased I withdrew my hand, which was followed by the child's head ; and the woman was in a little time delivered.

[We may look upon this as an example of what Uvedale West called the *bregmato-cotyloid* position of the head, and as such it was a very favorable case for attempting rectification, which perfectly succeeded. In the following case Smellie tried the same manœuvre, but it failed in consequence, I think, of the head being low in the pelvis and the pains strong.]

CASE 129.—*Face to Pubes; Rectification impracticable.*—In the year 1744, I attended a gentlewoman who had been easy in her former labours. When I was called the membranes were broken, and the mouth of the womb was largely open, though the head advanced very slowly. At length, feeling the vertex at the lower part of the coccyx, and the fontanel below the pubes, I attempted, but to no purpose, to raise the head, and move the forehead to the right side of the pelvis; yet when I withdrew my hand, the head was forced lower down by a strong pain; the vertex protruded the perineum and posterior parts, in form of a large tumour; the forehead, face, and chin, turned immediately out from below the tubes; and the vertex was raised upwards, with an half-round turn, from the perineum and posterior parts. The child was small, and cried as soon as the head was delivered, even before the body was extracted.

NUMB. 3.—*Tedious Labours from Presentation of the Fontanel.*

I have often been concerned in cases where I have found the fontanel presenting; they commonly proved tedious and lingering, though the delivery was generally effected by the labour-pains, and the child's head sometimes appeared in form of a sow's back, a circumstance, in all probability, owing to the pressure it sustained in the pelvis, while it advanced in that unusual way. Sometimes, in these lingering labours, I have, by raising up the forehead with my fingers, altered the position so as to let the vertex sink lower down, particularly in the following instance.

CASE 130.—*Head lying Transversely; Rotation completed artificially.*—In the year 1750, I attended a gentlewoman, whom I had formerly three times delivered,

after she had easy labours. The os uteri was now fully open, and the membranes broke soon after I arrived; yet the head did not advance as usual, but rested at the upper part of the pelvis.

As she had been long fatigued with severe and fruitless pains, I examined the position of the head more narrowly, and plainly perceived the fontanel presenting in the middle; but I could not certainly discover how the forehead lay until I had gradually opened the os externum during the pains. I then found that the vertex was to the left side, and the forehead, with the face, to the opposite part. As she lay in bed, upon her left side, I could not so easily assist in that position; she was therefore turned on her back, her head and shoulders being raised a little with pillows, and her knees held up towards her belly, as she lay across the bed; for her pains were also stronger while she continued in this posture. In the beginning of a pain, I gently introduced my right hand into the vagina, and raised up the forehead and face; and the pain increasing, I withdrew my hand, and found the vertex sink down to the lower part of the left ischium. In a few pains the forehead turned backwards, the hindhead came out below the pubis, the os externum was gradually opened, and the child safely delivered.

[Here the position of the head was similar to what obtained in Cases 124, 125, and 126, except that the head was less flexed, and consequently the great fontanel was placed lower down and more in the centre of the pelvis.]

NUMB. 4.—*Tedious Labours from Presentation of the Forehead.*

(*Vide* Tab. XXII.)

CASE 131.—*Face to Pubes; Delivery natural.*—In the year 1747, I was called to a woman in labour, by the

friends, who were uneasy at the lingering case, and imagined the midwife kept her in hand, because she had been several times delivered by another midwife, and her labours were easy. I understood the os uteri was fully opened, and the membranes had been broken several hours; that the child presented fair, and the pains were strong; yet the head had advanced very little, though, since I had been sent for, the child had descended considerably lower in the pelvis.

Upon examining in time of a pain, I really imagined the vertex presented, and thought I felt the fontanel to the side, as in other cases; but when the head advanced in consequence of the succeeding pains, and protruded the perineum and posterior parts, I felt the eyes and nose on the contrary side, towards the lower part of the os ischium. In another pain or two, the os externum being sufficiently dilated, the face turned in below the os pubis, over which the chin turned upwards; the fontanel, vertex, and hind-head were raised, and came out with a semicircular turn from the perineum and parts below, and the body was delivered by the same pain.

The child was small and dead; its forehead was raised up in form of a sugar-loaf, the vertex being pressed flat, and the face and hairy scalp very much swelled.

The mother, for several days after delivery, complained of great pain in her back and at the pubes, which seemed to proceed from an over-straining of the ligaments at the juncture of the bones; but by lying quiet, and drinking plentifully of warm and weak diluting fluids, she enjoyed profuse sweats, and soon was freed of these complaints.

[I would regard this as a face to pubes, but with so much extension of the head that a little more would have constituted it a regular face presentation; it was, in fact, an example of Uvedale West's *fronto-cotyloid* position. It does not appear that Smellie made any effort to change the position of the head.]

CASE 132.—*Tedious Labour; Face to Right Ilium; Manual Rectification; Delivery.*—In the following year, I assisted in a similar case where the head was high up, and had long rested at the brim of the pelvis. At first I thought it presented fair; but as it did not advance for several hours, notwithstanding the strong pains, and I was told that the patient had been delivered of her second and third child before the midwife could reach the house, I concluded that the head did not present in the common way, and introduced my hand slowly into the vagina, as she lay on her left side. Finding the forehead presenting with the face to the right ilium, I pushed it up that side, and as I withdrew my hand a little, still pressed it up with my fingers, that it might not return before the next pain, which forced down the vertex from the opposite side; then the head descended gradually, and the woman was delivered in a few pains.

[The description here given of the cranial position and of the manipulation employed is rather wanting in precision. It is clear the forehead was anterior and to right side, and that the head, as in former case, was *extended* a good deal; this latter deviation he corrected, and apparently with much benefit; but it is not positively stated whether the face was moved round to the sacrum, though I think he means to convey this.]

NUMB. 5.—*Tedious Labours from Presentations of the Ears.*

I have known a few cases in which the ear presented; and when the child was not large, the pains commonly altered the position, by forcing down the vertex, and the patient was easily delivered. This was commonly the case, too, when the fontanel presented; but when the head was large, the labour was more tedious and lingering; upon which occasion I usually pushed up the head so as that the vertex might advance, particularly in the following instance.

CASE 133.—*Presentation of one Ear; Rectification.*—In the year 1749, being called by a widwife, to a woman who had been long in labour, I introduced my hand into the vagina, and finding the ear presenting, could perceive, when I raised the head, neck, and shoulder, to the back part of the uterus, that the upper part of the head lay over the pubes, the face being to the right side. As all the waters were discharged, it would have required great force to turn the child so as to bring it by the feet; I therefore raised the head higher, forcing the forehead upwards, and the vertex coming in as I withdrew my hand, the child was presently delivered.

[I have never met with what I could satisfactorily regard as a presentation of the ear. In some few cases where the pelvis was very ample (or the child very small) and the uterus happened to be unusually pendulous, I have distinctly felt the ear at an early period of the labour and before the head was fairly engaged in the pelvis, but I could not say it “presented” in the strict and proper sense of the word.]

NUMB. 6.—*Tedious Labours from Presentation of the Face, of the Shoulder, and of the Breast.*

(*Vide* Tab. XXIII, and Vol. I, page 278.)

CASE 134.—*Face Presentation; Delivery Natural; Child Dead Born.*—In the year 1740, being called to a woman who had been a great many hours in labour, after the mouth of the womb was fully opened, and the waters discharged, I found the head low down in the pelvis, the face presenting, the chin at the lower part of the pubes, and the cheeks so excessively swelled, that at first I imagined the breech presented; until examining a second time with my fingers, I felt the mouth, eyes, and nose. When the friends asked if the case was dangerous, I precipitately answered, that there was no great danger but that of losing

the child, which might be saved if the mother was soon delivered. They replied, that provided the mother was safe, the child was of no great consequence, as she had already more children than she could well maintain. The patient told me, she felt the child stir every now and then ; and indeed I plainly felt its motion by laying my hand on her belly. However, as everybody present declared against my giving any assistance, and were satisfied with my telling them that the woman was in no immediate danger, I left her to the care of the midwife, who, indeed, had opposed my being called. I could easily have delivered her with the forceps, and ought to have said, in general, that there was danger in the case. I knew the child's head was small, and that the delivery was retarded either by the navel string or the contraction of the lower part of the uterus round the neck, or before the shoulders ; for the head was pulled up as the pains abated.

This visit I made in the afternoon ; and the child was not delivered till the evening, when I was called again in a great hurry to bring away the placenta, which was easily extracted. I examined the child, which was dead, and found its head squeezed to a great length, the face and neck being much swelled, and of a livid colour.

CASE 135.—*Primipara ; Face Presentation ; Delivery natural.*—In the year 1744, I examined one of the poor women, attended by my pupils, in labour of her first child, which lay very high, and I thought I felt the breech presenting. The membranes had broken when the mouth of the womb was dilated to the breadth of half-a-crown. The pains being slight and the woman strong, I desired the gentlemen to let the breech be pushed down gradually, and slowly dilate the os internum ; and, in the mean time, I left a midwife to attend, and directed her to give us notice when that dilatation should be effected. In about three

hours I was called again ; and understood from the midwife, that after the mouth of the womb was fully opened, the child descended very fast, presenting at first with the cheek, but that now she plainly distinguished the face. When I examined, I found the chin down to the lower part of the left ischium, and turned it up below the pubis. In a few pains, the os externum being sufficiently dilated, the forehead and vertex turned up from the perineum, and the woman was immediately delivered of a small child, before any of the pupils arrived.

CASE 136.—*Face Presentation ; delivered with the Chin to Sacrum.* (*Vide* Tab. XXV.) — In the year 1748, I was called to a woman in labour, by a midwife, who told me she found the opening of the child's head below the share-bones, and imagined the child came wrong, with the forehead to that part. At first when I examined I was of the same opinion ; but during the next pain, which was very strong, I found the head was pushed down much lower at the back part of the pelvis. Feeling at that part, with my finger, for the lambdoidal suture, I plainly distinguished the face, and the chin backwards at the coccyx. In two pains more, the face and forehead protruded the posterior parts in form of a large tumour, the perineum and fundament were greatly lengthened, the vertex and occiput slipped out from below the pubes ; then the forehead and face turned up from the perineum, which being thin, I supported it with my hand, and the woman was delivered of a small child. Her pelvis was large, and she used to have very quick labours.

[A face presentation expelled as this was, with the chin to the sacrum, has never yet come under my observation. Upon this point the following remark is made by Drs. Sinclair and Johnston (in their report of Dr. Shekeleton's mastership of the Dublin Lying-in Hospital, when forty cases of face presentation occurred) :—
“ We met with no case of face presentation in which the chin moved

towards the sacrum and the vault of the head came under the pubic arch previous to delivery" (op. cit., p. 72). It is to be noticed that in the above case (No. 136) the child was a very small one.]

CASE 137.—*Face Presentation, converted into Vertex.*—In the year 1749, I attended a gentlewoman, whom I had twice before delivered, after tedious labours, proceeding from the largeness of the children and the small size of the pelvis. When I was called on this third occasion, the mouth of the womb was open to about the breadth of a crown-piece, the membranes and waters were very tense during a pain, but being relaxed, when that abated, I felt some part of the child, though more unequal than the apex of the head. Having waited till by degrees the membranes had fully opened the parts, and were pushed down to the lower part of the vagina, I examined again, and felt the child's face presenting through the membranes.

Reflecting upon her former tedious labours, and foreseeing, that if I allowed the head to come along in that position, the patient would suffer, and that if I should bring it by the feet, the child might be lost; I directed her to be laid on her back, with her breech to the foot of the bed, and supported with pillows, between a sitting and a lying posture, on pretence that the labour would be favoured by such a situation. While a woman sat behind supporting her head, and one on each side held up her legs and knees, I gradually dilated the os externum during the pains, until I could introduce my hand into the vagina. In pushing it farther up, I felt the membranes break; but, my hand still advancing, the os externum was plugged up by the lower part of my arm, which hindered the waters from being discharged, until feeling the chin to the right, and the forehead to the left side, I raised this last upwards, grasping the vertex, which was now lowermost, with my fingers and thumb. I then gently withdrew my hand a little, to let the waters pass, that the uterus might be con-

tracted, and kept the child in that position. Finding this expedient succeed, I drew forth my hand, when the patient thought the child was delivered. However, I convinced her that what I had done was absolutely necessary, and that she was now in a fair way of delivery, provided she would exert that courage and patience which had supported her in her former labours. Nor was I disappointed in my prognostic; for this delivery was much quicker than those she had experienced before.

[This case is more creditable, I think, to Smellie's manipulative skill than to his judgment. There really was no need for active interference, and if the pelvis was undersized, turning—the membranes being entire—would have been the wiser measure; but we know Smellie entertained a strong objection to turning if there was reason to apprehend the existence of any disproportion. The reader will find some remarks on this last particular point in Vol. I, p. 243.]

In the two following cases Smellie practised cephalic version, a subject considered in Vol. I, p. 341.]

CASE 138.—*Shoulder and Hand Presentation; Cephalic Version.*—In the year 1751, I was called to a woman in labour, by a midwife who had formerly attended my lectures; she informed me that the mouth of the womb was largely open; and although the membranes were not broken, she could find something like a hand and fingers; she likewise told me, that the woman was strait made; that she had delivered her once before, when the labour was very tedious, and the head of the child, which was dead-born, squeezed to a great length. I found everything as she described, and felt, besides, something like the shoulder or hip, which I was certain could not be the head.

As her former labours had been difficult, and I was afraid the child would be lost, should it be brought by the feet, I resolved to seize the opportunity of trying to bring in the head, since the membranes were not broken. I ac-

cordingly acted pretty much in the same manner as in the preceding case; but found greater difficulty in bringing in the head, which was more slippery and larger than in the former instance; besides, I lost a great quantity of the waters, by being obliged, after I had pushed up the shoulder, to withdraw my hand a good way before I could bring in the head, and in attempting to raise up the hand that came down with it. The vertex being turned down, and one of the ears towards the vertebræ of the loins, I withdrew my hand, when the forehead with the right hand was to the right, and the occiput to the left side of the pelvis, and the pains ceased for some time, as usual, after the membranes are broken. Having now encouraged the woman, by telling her that the child presented fair, I took my leave; and in about three hours she was safely delivered, though not without very strong and severe pains.

CASE 139.—*Breast Presentation; Cephalic Version.*—In the year 1752, I was called to a woman, whom I had before delivered of a child that presented wrong, though I could not save it by reason of her narrow pelvis. On this occasion, she had been subject to frequent, though slight pains, the day before I saw her; towards morning the membranes had broken, a small quantity of the waters was discharged, and she had no more pain till my arrival. Upon examining, I found some parts presenting, which could neither be the head nor breech, and I afterwards discovered to be the breast. As the pains had ceased, I was in hopes that some of the waters was left in the uterus, although the membranes were broken; and going to work as in the two former cases, brought in the vertex, with great difficulty, occasioned by the slipperiness of the body and head, which last was, after many efforts, and the return of strong pains, squeezed down in a longitudinal form, and the woman safely delivered.

In these cases we are seldom called in by the midwives before the membranes are broken, otherwise we should, in preternatural positions, have a better opportunity to bring in the vertex, when the pelvis is so small, or the head so large, that the child cannot be saved, if brought by the feet.

CASE 140.—*Face Presentation; natural Delivery; Child alive.* (Communicated by Mr. HARGOOD, in a letter dated at Chatham, 1751.)—When he was called, the midwife told him the waters had been discharged several hours; and he found the face presenting low in the pelvis, the chin being towards the right ischium. After she had undergone several pains, which did no service, he resolved to deliver with the forceps; but just when he was about to apply them, she was seized with a strong pain, during which he assisted with his fingers in moving the chin towards the pubes, and the child was safely delivered.

CASE 141.—*Face Presentation; Rotation of Head assisted; Delivery natural.* (Communicated by Mr. COOK, Sept. 26, 1752.)—I was called to a woman in labour, and felt the child's face presenting. I understood that she had undergone two tedious labours before, though the children were very small; whence I concluded her pelvis was narrow, and in passing my hand into the vagina, I found it so. Upon which I laid aside all thoughts of turning the child and delivering by the feet, as I should have done had the pelvis been large.

The face being high up, and her pains very strong, I waited to see if they would bring it lower down; and in about six hours my expectation was answered, the chin being at the left ischium. I then, during the pains, endeavoured to raise it to the os pubis with my finger, and

in that manner the child was delivered. The head was squeezed into a long form, the parietal bones were pressed one over another, and on one side of the head was a very deep impression formed by the jetting in of the os sacrum. The face was very much bruised and swelled, and the child dead. I prescribed an opiate for the woman, who had undergone great fatigue ; she enjoyed good rest, and did well.

[When Mr. Cook says he “endeavoured to raise” the chin “to the os pubis with his finger,” we must suppose the woman to be lying on her back, and that his efforts were directed to completing the rotation of the head so as to bring the chin under the pubic arch, just as Smellie did in Case 135. In accordance with Smellie’s teaching Mr. Cook abstained from attempting version, there being some evidence of pelvic narrowing. However we may dissent from the theory, yet in this particular case I think his practice was good.]

COLLECTION XVII.

OF TEDIOUS CASES FROM THE RIGIDITY OF THE OS INTERNUM, VAGINA, OR OS EXTERNUM; AS ALSO FROM THE WRONG POSITION OF THE MOUTH OF THE WOMB.

NUMB. I.—*Of the Rigidity of the Os Uteri.*

(*Vide* Vol. I, p. 218.)

CASE 142.—*Primipara; Rigidity of Os Uteri, with Febrile Excitement; Venæsection; Os pushed up over Head; safe Delivery.*—In the year 1731, I was called to a woman turned of forty, in labour of her first child, who, though, by her own and midwife's account, she had three or four weeks to go, had been in a kind of lingering labour for two days. At six in the evening the membranes broke; and as she lived at a distance, I could not be with her till about four next morning, when the midwife told me, that after the membranes broke, she had every now and then a strong pain, but that the mouth of the womb was not opened as usual by these pains, and she was afraid that the womb and all together would be pushed out of the body through the os externum.

Upon examining in time of a pain, I found the mouth of the womb open to about the breadth of half-a-crown, but thick and rigid, and forced about half an inch without the os externum, which was pretty much dilated, and I felt the child's head presenting. There was an intense heat at the mouth of the uterus, and she complained of great pain in that part, even in absence of the labour-pains. She was of a strong and healthy constitution, though of a thin habit; her pulse was quick, full, and hard; her skin hot and dry; she laboured under a severe drought, and I understood she had

from time to time swallowed cordials to assist the labour, such as white wine and malt spirits.

Having considered the circumstances of the case, I concluded that the difficulty of delivery was owing to the rigidity of the os internum, for she had lain chiefly on the bed, without having been fatigued; that the head was but small, because it had pushed the mouth of the womb so low down, and that the fever was owing to an indirect use of spirituous liquors. In consequence of these reflections, she was bled at the arm to the quantity of twelve ounces; directed to drink plentifully of barley water, kept in bed, lying on one side, her breech being raised a little higher than her body, and during every pain I kept up the uterus and head with my fingers, so as to resist and abate the violent force of the pains. By these means she was greatly relieved; enjoyed between whiles gentle slumbers and plentiful sweats; the mouth of the womb turned more soft, and yielding, and when largely dilated, I pushed it gently up with my fingers all round the head, which at last glided easily along, and was delivered. I took the same precaution in delivering the shoulders and body, desired the midwife to confine her to bed longer than the usual time, and advised her to abstain from any violent exercise for a considerable time after she should be able to walk, in order to prevent a prolapsus uteri. I was afterwards informed that she recovered very well, without being exposed to any such complaints in the sequel.

[Our author took a very clear and comprehensive view of the causes which concurred to bring about the unfavorable condition this case presented; and his treatment based on these "reflections" was no less prompt than judicious.]

CASE 143.—*Os Uteri rather forward and rigid; Artificial Dilatation, with upward pressure on Anterior Segment of Os; safe Delivery.*—In the year 1746, I attended

a patient near forty, in labour, who had been afflicted with a prolapsus uteri, since her last pregnancy. When I was called she had some slight pains, the mouth of the womb was very little open, seemed thin and rigid, and was situated more forwards in the vagina than is commonly the case ; the child's head was pressed low down, and seemed small, but I could feel no waters. Her pulse being very quick, she was blooded to the quantity of eight ounces ; an emollient and laxative glyster being injected, discharged a great quantity of hard fæces ; and as she had enjoyed no sleep that day or the preceding night, I prescribed an anodyne draught, and directed her to drink plentifully of barley-water.

These expedients succeeded to my wish ; she slept and sweated during the greatest part of the night, and I was called again in the morning, when the pains grew stronger and more frequent. I then found the mouth of the womb much more open, though pushed down without the os externum ; I likewise felt between my fingers the hair of the child's head, though the patient was not sensible that the membranes were broken, or the waters drained off. During every pain, I kept up the child's head ; and the mouth of the womb, which I gradually dilated with my finger, till being fully opened, it easily slipped up all round the head ; and this afterwards opening the os externum by degrees, was safely delivered.

CASE 144.—*Os Uteri posterior and rigid ; Manual Dilatation ; safe Delivery.*—In the course of the same year, I was bespoke to attend a woman who had been subject to tedious labours. When called, I found the child's head pushed down to the anterior and inferior part of the uterus, so much at the fore part, that it was some time before I could feel the mouth of the womb, which was tilted backwards and upwards to the

upper part of the os sacrum. In a few pains, the head pushed down the uterus below the pubes, to the os externum, when I felt the os uteri very thin and soft; and the patient complained of great pain from this protrusion of the lower part of the womb by the head. However, she was in a great measure relieved by my pressing against it with my fingers. At the same time, introducing the forefinger of my other hand into the mouth of the womb, I brought it forwards to the pubis, and kept it in that position during several pains, which gradually dilating it, the head was pushed lower and lower, and by degrees I slipped up the mouth of the womb, betwixt the pubes and head, which afterwards made very quick advances, and was soon delivered.

CASE 145.—*Primipara; Os Uteri far back and rigid; Artificial Support and Dilatation; natural Delivery.*—

In the year 1747, I attended a woman in labour of her first child, whose belly was pendulous, and hung forwards over the pubes. (*Vide* Tab. XII.) When I came she was pretty strait-laced, the pains were strong, the membranes pushed down with the waters, the os internum was backwards and high up, felt thick and rigid, and was opened to about the breadth of half-a-crown. I directed her to unlace, desired the nurse to make the bed so as that her breech might lie higher than her shoulder, and to raise up the belly with her hands in time of a pain. The mouth of the womb was gradually dilated, the membranes broken, and the child's head advanced lower in the pelvis; but the os internum remaining still backwards, and the head pressing down the lower and anterior part of the uterus, I was obliged to assist, as in the former case, until the head was forced down, though it dilated with great difficulty, and to stretch the os externum, from time to time, before the child could be delivered.

[From the foregoing and other cases it is plain that Smellie was in the habit of practising, under certain circumstances, manual dilatation of the os uteri, as well as of completing the dilatation by pushing or slipping up the anterior circle of the os uteri over the head of the child. This is essentially the same proceeding as was recommended many years afterwards by Burns and Professor James Hamilton of Edinburgh, and which was the subject of a very keen controversy between the latter accoucheur and Dr. Robert Collins of Dublin. Like many other controversies of the kind, there was a good deal of truth on both sides, though it was for the time lost sight of or ignored by the disputants. It is not a little remarkable that none of these authors seems to have been aware of Smellie's opinions on this practical question.

My own experience leads me to approve the course taken by Smellie in the above cases. On many occasions I have acted similarly to what he did (though at the time ignorant of his directions), and with like satisfactory results. Burns has expressed himself so clearly and so judiciously on the point before us, that I cannot do better than borrow his language, which fairly represents my own opinions. "Forcible and irritating dilatation of the os uteri, even when it is not productive of dangerous consequences, is apt to occasion irregular or spasmodic action of the uterus. Two circumstances are necessary to render it safe: the os uteri ought to be already very considerably opened, its edges must be lax, dilatable, and generally speaking thin; and the dilatation must be gradually and gently effected during the continuance of a natural pain. If attempted *in the absence of pain*, and especially if attempted so as to give pain, it is apt to excite partial or spasmodic action, and under any circumstances, violent or forcible dilatation, besides injuring the uterine action, may lay the foundation of future diseases. It is done best by pressing on the anterior edge of the os uteri, during pain, with two fingers, with such moderate force as shall not give additional pain, and shall appear *as much to excite the natural dilatation, as to produce mechanical opening*. By doing this for several pains in succession, or occasionally during a pain, at intervals according to the effect produced and the disposition to yield, we shall soon have the os uteri completely effaced. When there is a narrow band of uterine substance, or what was the anterior lip of the uterus, applied to the head, that can often be easily slipped during a pain over it. It disappears between it and the pubis. The point of the fingers

during a pain, rests on the head, whilst the smooth point of the back or nails are in contact with the edge of the os uteri, and act so gently on it as to seem as much to follow the recession as to cause it." ('Principles of Midwifery,' tenth edition, p. 447.)

In pushing up the anterior segment of the os uteri, I have generally found it more convenient to use the index and middle fingers of the *left* hand, with their palmar surfaces next the pubes, and their extremities pressing against the free margin of the os, and, as Burns well remarks, the time to execute this manœuvre is during the presence of a uterine contraction.]

CASE 146.—*Patient aged 15 years; Os Externum very small; strong Uterine Action; Opiate; safe Delivery.*—I was called to a patient not above fifteen years of age, in labour of her first child, and found the head of the child presenting, and that the membranes and waters, after having slowly dilated the os internum, advanced quite to the os externum, which I hoped they would open also; but they broke just as they arrived at the part. Then the head advanced and pushed out the lower parts, in form of a large tumour, the perineum being very thin, and stretched to the extent of five fingers. Nevertheless, the os externum was very little dilated, and the pains were so strong, that I was obliged to press the flat part of my hand upon the parts, to prevent the fourchette from being torn, and by resisting the force of the head against the os externum, allow it time for gradual relaxation. The pains continuing to return every five or six minutes for the space of an hour, without any alteration, I found it necessary to prescribe an opiate to restrain them, that I might have time to lubricate with pomatum, and dilate gently with my fingers. By these means, the os externum was gradually stretched so as to allow the head to pass without any laceration of the parts.

CASE 147.—*Laceration of Perineum from want of Support.*—About the same time, I attended another patient,

though not so young, and the labour proceeded much in the same manner; but after having guarded the parts, in order to prevent laceration, during a few pains, I withdrew my hand to take some pomatum, for lubricating the external parts. In that interval a strong pain returned, contrary to my expectation; and, before I could replace my hand, the child's head was delivered, and the perineum torn quite to the anus. This accident was owing to my hurry and precipitation, in consequence of which I passed my hand on the outside of the sheet; and before I could disentangle it, the damage was done.

Ever since this misfortune, when I attend women in labour of their first children, I always turn up and pin the upper sheet to the bed-quilt, as the child's head advances to the lower part of the pelvis.

[The simplicity with which he relates here, how the perineum was torn, is quite charming; as is also the absence of any attempt at palliation of his own share in the production of the accident. I suppose we may date from this case the practice (now universal) of turning over and pinning the upper sheet to the counterpane. In other places he directs the attendant to bring this same sheet over his knees so as to conceal his instruments or manipulations from the patient or bystanders (*vide* Vol. I, p 265).]

CASE 148.—*Primipara; Difficult Labour; attempted application of Forceps; natural Delivery.* (Communicated by Dr. AUSTIN, of Edinburgh, in a letter dated 1749.)—He was called to a young woman in labour of her first child, who had acute pains from Tuesday till Saturday night, when she was delivered. All that time the child's head was squeezed in the pelvis, and for twenty-four hours the bones rode over one another in the vagina. About two hours before she was laid, he attempted to introduce the forceps, which, however, he declined using, because the pains became stronger, and he imagined the child was dead. Indeed, to all appearance it was still-born; but in a few

minutes he was agreeably surprised to find it alive; and both the child and the mother did well. Two days after delivery, he extracted from the woman five English pints of urine with the catheter.

[This case is defective in its details, and might well have been omitted, as we cannot learn from it, what the particular cause of difficulty in the labour was attributable to. How the woman escaped sloughing of the vagina seems rather extraordinary, if the statement that "the head was squeezed in the pelvis" from Tuesday to Saturday, with the membranes ruptured, be correct; and that it could have been impacted there all that time seems also highly improbable from the fact of the child having survived its birth. The five English pints of urine "extracted from the woman," clearly prove that the state of the bladder had not been properly attended to.]

COLLECTION XVIII.

OF LINGERING OR DANGEROUS CASES, ARISING FROM
WEAKNESS, ANXIETY, FRIGHTS, FLOODINGS, LOOSENESS,
CONVULSIONS, FEVERS, &c.

NUMB. I.—*From Weakness of Body.*

CASE 149.—*Primipara ; Inertia Uteri from long Abstinence ; good effects of Food ; natural Delivery.*—In the year 1743, I was called to one of the poor women whom my pupils attended in labour of her first child. She was young, and so excessively weak, from want of nourishment, that when we were called she seemed really expiring. Another patient, who lived in the same house, said, this young woman was an entire stranger, who had been taken in as a lodger the preceding night, and seemed to be in a starving condition ; and at last the poor creature herself owned, that she had received no sustenance but water for the space of three days. She had been subject to some slight pains all the former day and night ; when I examined, I found the mouth of the womb largely open, the membranes broken, and the head presenting ; but the pains were at long intervals, and her weakness so alarming, that I immediately sent for a roll and some ale, which was qualified with a little sugar, nutmeg, and geneva ; to which last I supposed she was accustomed, and therefore judged it was a better cordial than any other I could have prescribed from an apothecary's shop. Of this nourishment I directed her to take a very little at a time ; and accordingly her ex-

hausted spirits were gradually recruited, insomuch, that although the case was lingering and tedious, she was safely delivered by the labour-pains.

CASE 150.—*General Debility; frequent Faintings; Delivery natural.*—In the year 1724, I was by a midwife called to a woman of a weak habit and melancholy disposition, occasioned by the excessive flooding which had attended a former delivery. She had become pregnant again before she recovered her strength, was seldom able to rise out of bed; and her stomach was so weak, that it could receive or digest but very little nourishment.

The midwife told me her pains were so weak she was afraid she could not be delivered without assistance; that she had enjoyed little or no sleep for the space of forty-eight hours, but had been subject to frequent faintings, from which she was with difficulty recovered; and, lastly, that the mouth of the womb was soft and a little open. I felt her pulse very low; and examining during a pain, which feebly protruded the membranes and waters, perceived the child's head; then bringing forwards with my finger the os uteri towards the pubes, I found it much more open than the midwife imagined, and felt some indurated faeces in the rectum. I was also informed, that as she had an aversion to all sorts of nourishment, she eat very little, and seldom had passage in her belly, and was commonly costive.

I directed her to take frequently a teacup full of chicken-broth, and, between whites, a little of the weak cinnamon-water. A glyster of the broth being thrown up, emptied the intestines; then half a pint of the same, in which two grains of opium were dissolved, being injected, I desired that she might be kept quiet in bed, in hope of procuring her sleep, and take an ounce of strong cinnamon-water every four hours. By these means the faintings went off; she slept pretty well that night between the pains; and

these gradually increasing, she was safely delivered in the morning.

CASE 151.—*Debility from Indolence and Sick Stomach; Delivery natural.*—In the year 1744, I attended a gentlewoman in labour of her third child. She was of an hypochondriac disposition, went seldom abroad; towards the latter end of pregnancy could hardly be kept out of bed; was, in the beginning of the eighth month, attacked with frequent retchings, so as to vomit up everything she eat or drank; by which complaint she was reduced to a state of excessive weakness from want of nourishment.

I ordered the nurse to inject about half a pint of beef or mutton broth by way of glyster, five or six times a day; to prevail upon her to rise frequently and walk about the room, and likewise to go abroad sometimes in a coach.

By this method she recruited a little; and with the assistance of some mint and antihysterical water, she could keep a little broth in her stomach. I managed her much in the same manner as that described in the former case, in time of labour; which, though tedious, ended happily.

NUMB. 2.—*From Anxiety and Grief.*

CASE 152.—*Intense Grief and Syncope, causing tedious Labour.*—In the year 1747, I attended a gentlewoman in labour of her first child; who, a few days before, had been so much affected with the sudden death of her husband, that she was seized with frequent faintings and great anxiety of mind. When I arrived, her pains were very weak; and the membranes had broken even before the mouth of the womb was much dilated. Although the child's head was small, she continued three days in a kind of labour; yet by encouraging and supporting her with cordials and nourishing things, and indulging her as much as possible

with rest, she was safely delivered of a child ; which seemed to have died soon after she heard the melancholy news of her husband's death.

CASE 153.—*Intense Grief and General Debility causing tedious Labour.*—In the year 1749, I was called to another gentlewoman, in the same circumstances, overwhelmed with anxiety in consequence of her husband's death, which had happened about two months before her labour. I found her so low, and the case was so tedious, that I was afraid she had not strength to undergo the delivery ; yet by the management described above, she was safely delivered of a weakly child.

I have attended many other women in labour, whose lives were endangered by great weakness, proceeding from various causes ; yet by such management they were safely delivered. Anxiety, misfortune, and disappointment, frequently reduce women in labour to the verge of death. Labour is often brought on by frights proceeding from different accidents ; such as that of fire in the neighbourhood. The earthquake in the year 1749 produced several cases of this kind ; and anything that affects the passions to a degree of violence or transport, will have the same effect. On these occasions, if the child is small, delivery is sometimes performed of a sudden ; but if the labour was begun before the patient was seized with the emotion, it commonly went off ; nor did the pains return for a long time. However, if these frights, &c., are not attended with violent floodings, convulsions, or fevers, the patients generally recover, though sometimes the children are dead. Nay, even when those bad symptoms have accompanied the case, I have known both mother and child happily saved.

[I have met with many cases illustrating and corroborating the correctness of the above observations. As practical precepts, deduced from large experience, they are specially valuable.]

NUMB. 3.—*From Floodings.*

CASE 154.—*Accidental Hæmorrhage in Ninth Month; Rupture of Membranes; safe Delivery.*—In the year 1735, I was called to a woman near her full time, who was seized with flooding and labour, in consequence of being frightened by a fire which happened in the house, as well as from the fatigue incurred by removing the furniture. When I arrived, the fire was extinguished, and I found her lying upon hay in a barn, losing blood very fast. The mouth of the womb being pretty largely opened, I immediately broke the membranes, which, with the waters, were pushed down in every pain, and the hæmorrhagy soon stopped; the patient was very cold from the severity of the winter season and the thinness of her covering.

While I practised in the country, I always carried in my pocket some spirit of hartshorn, tincture of castor, and liquid laudanum, in separate bottles. Of these, with the assistance of some brandy and water, I composed a cordial and anodyne mixture, of which she took frequently two or three spoonfuls; and being accommodated with more clothes from the neighbourhood, she recovered her natural heat, and at last enjoyed a plentiful sweat and refreshing repose. The pains were slowly augmented with long intervals; as her pulse and strength returned, the labour advanced; and although it was tedious, she was at last delivered. Yet her sleep was afterwards interrupted by frightful dreams of fire, and she often awoke in a delirium; so that twenty days elapsed before she was out of danger. She had suckled her former children; but had no milk after this delivery, and but a very small discharge of the lochia; these evacuations being impeded by the disturbance of her thoughts. Her greatest danger, however, seeming to proceed from weakness, occasioned by the loss of so much blood, I thought the principal object of regard was the

circulation, which was kept up by the cordials and restoratives; and as she was every now and then subject to shiverings, and laboured under a low weak pulse, I prescribed repeated doses of the bark, and the moderate use of French claret; from which she found great benefit.

When labour is brought on, and a flooding occasioned by such alarms, so that the patient is exhausted by the hæmorrhagy, this is either diminished or entirely carried off by breaking the membranes; and of late I have frequently succeeded in floodings that happened before labour, by gently dilating the mouth of the womb with my finger, so as to bring on the labour-pains, as in the following case.

[Smellie was much in the habit of rupturing the membranes and letting the waters drain off in cases of hæmorrhage before delivery, even where the placenta was partially over the os uteri, as in Case 157. His practice under these circumstances is much to be commended, supported as it is by reason and experience. I cannot say so much, however, for his employment of the lancet in the same class of cases. At the outset of an attack of hæmorrhage at any period, but particularly in the early months of pregnancy, the sedative influence of bloodletting on the vascular system is calculated in certain cases to be most beneficial. After all, Smellie was no more than human, and he was, doubtless, not less influenced by the prejudices of his day *in favour* of the lancet than we are in our day *against* it!

Irritation of the mouth of the womb, as recommended by him, will often powerfully supplement the breaking of the membranes and help to excite the uterine contractions so essential to the suppression of the discharge.

The treatment of hæmorrhage not depending on placental implantation, by rupture of the membranes was first practised by Mauriceau, and to him, and not to Puzos, must be awarded the merit of introducing this most valuable expedient. Up to the year 1682 Mauriceau treated all cases of grave hæmorrhage before delivery and towards the end of gestation in the same way, viz. by passing up the hand and delivering by version, as previously recommended by Ambrose Paré and Guillemeau; but in this and succeeding years cases occurred to him in which rupture of the membranes was the plan of treatment pursued, and with the best results.

Smellie, we see, had great confidence in this method of treatment, which speaks well for his discernment, for we find he was somewhat exceptional in his high opinion of the value of this measure, Giffard, Chapman, Røederer, Levret, and even Burns, placing little or no reliance upon it. Great though my confidence is in this expedient, yet, I must confess, I have seen a few cases of purely accidental hæmorrhage where the loss has persisted in spite of the evacuation of the waters, under which circumstances turning had to be resorted to, or if the state of the os forbade turning, then a recourse to the crotchet was necessitated as a last resource.

The following was a case of this kind. It occurred to me in the year 1857, when Master of the Lying-in Hospital. The woman's age was thirty-one; it was her fourth pregnancy, and she was near the end of the ninth month. She had been attacked with a sudden and profuse loss some hours before admission, but had no pains. The placental souffle was heard to right side and high up. The os uteri was thick, low down, and barely admitting tip of finger; head presenting; no placenta within reach. There was a good deal of watery discharge with some blood.

She was confined to bed; got a cold enema; beef-tea, arrowroot, and wine. As the waters were evidently coming away and the hæmorrhage of the accidental kind, I calculated on its speedy suppression. This was at 9 p.m. At five o'clock on the following morning her condition was in no way improved, and a good deal of blood had come away, so that she was much weaker. No pains had come on; the pulse 96 and very weak; the os a shade larger, but still very resisting. The binder was applied, friction made over uterus, and the os irritated with finger; but all to no purpose.

As the os uteri would not admit more than the tips of two fingers, and this with great force, I gave up all idea of turning. To delay any longer emptying the uterus was to throw away the only chance of saving the woman's life, so as a last resource I perforated, and from the small size and resistance of the os uteri it took Dr. Byrne and myself a good hour's hard work before the head was brought through. All the calvarium was extracted piecemeal, and eventually I completed the extraction of the head by fixing the crotchet on the *outside* of the base of the skull. She was very weak, and had to get liberal supplies of brandy to keep her alive. There did not seem to be any pains, but the uterus contracted well, and expelled the placenta in seven minutes, accom-

panied by several dark coagula. No hæmorrhage followed. The patient rallied and went home quite well on the ninth day. She got no ergot before delivery, and I regretted this, as it might have brought on pains; but her state of depression and the rigid condition of the os deterred me from using it.]

CASE 155.—*Hæmorrhage in Ninth Month; Rupture of the Membranes; natural Delivery.*—In the year 1745, I was called by a midwife to a woman seized with flooding, in the middle of the ninth month, though no visible cause could be assigned for this hæmorrhagy; and she had bore children before with very easy labours. As the discharge was not so great as to require immediate assistance, and her pulse was rather strong than otherwise, I ordered her to be bled to the quantity of eight ounces, and to be kept quiet in bed. Being costive, she received a glyster, took frequently two spoonfuls of a mixture composed of six ounces of the tincture of roses, and about twenty drops of liquid laudanum. The flooding abated, and she rested tolerably well that night; but when she rose to have her bed made, some large clots were discharged, with a little pain, and the flooding returned, though it was soon restrained when she lay down again.

In this condition she continued for several days; during which, upon the least motion, some clots or coagula were forced off from the vagina, and followed by a fresh discharge; which, notwithstanding all our efforts to encourage her and support her strength, gradually weakened her constitution. It returning one evening with greater violence, I was called in a hurry, when I found her low and dispirited, and her friends in great anxiety and consternation.

I had previously informed the midwife and relations of the imminent danger that threatened the patient, if the flooding should not abate, or labour come on; and desired that some other gentleman of the profession might be consulted for their and my satisfaction; however, this proposal

they declined. Thus left to my own discretion, and feeling the os uteri very soft, though very little open, I gently introduced the tip of my finger in order to dilate it, and desired the patient to assist my efforts by straining downwards. This method being gradually repeated every now and then, the parts were opened to the breadth of half-a-crown ; and I produced some slight pains that returned of themselves. Notwithstanding several attempts, I could not break the membranes until, gradually stretching the os externum during every pain, so as to introduce my hand into the vagina, I tried to advance my finger farther up ; but not succeeding, I insinuated the female catheter, which breaking through the chorion and amnios, the waters were discharged in great quantity, the flooding immediately abated, and the child's head was pressed down upon the mouth of the womb.

She now lay easy for a long time, without the return of a pain ; during which interval she was nourished and supported by frequently receiving a little broth ; but being afraid that there might be an internal flooding dammed up by the child's head, I desired her to force down, while I raised the head with my finger ; and accordingly several coagula were discharged from the uterus. I then thought it advisable to bring on and encourage the pains, by stretching as before ; and, to my wish, the parts were more and more dilated, the pains grew stronger, and at last the patient was safely delivered. During labour I frequently felt her pulse, which, instead of sinking, rather grew stronger.

CASE 156.—*Partial Presentation of Placenta ; Spontaneous Rupture of Membranes ; Placenta removed before Child.*—In the year 1750, I was called to a woman by a midwife, who told me that the patient had been seized with a violent flooding, but labour coming on, the membranes had broken, and the hæmorrhagy was abated ; but she had

sent for me, because she found the navel-string in the vagina, and the woman was very weak, and had little or no pains.

Indeed, she was so low that I could scarcely feel her pulse; her lips were pale, and her extremities cold. I found the funis in the vagina, but could feel no pulsation; the child's head presented, but was kept forwards to the os pubis by the lower part of the placenta, which lay along the sacrum; however, the flooding was entirely stopped.

I immediately directed her to take some of the solution of portable soup; and hot bricks wrapped in flannel being applied to her feet and hands, in about an hour her pulse grew stronger, her extremities recovered their natural warmth, and the pains returned. Finding the head was hindered from advancing by the placenta, I brought down this last, and the patient was gradually delivered of a small dead child; but she continued so weak, that for many weeks after her delivery, she was scarce able to walk about the room.

[A most interesting case. The placenta must have covered all the posterior part of the os uteri. The suppression of the hæmorrhage by the spontaneous rupture of the membranes, and the removal of the afterbirth *before* the delivery of the child are circumstances which make the case very remarkable. Four other cases are recorded a little further on, where the placenta was likewise expelled or brought away before the fœtus.]

CASE 157.—*Nearly complete Presentation of Placenta; Rupture of Membranes; Delivery natural.*—In the year 1744, I was called by the friends of a gentlewoman, who had been seized with a flooding the preceding night. The midwife told me that the mouth of the womb was open to the breadth of a crown-piece; that the placenta presented; that the pains were very slight and at long intervals; and that the flooding was then more violent than when she was called. I myself felt the pulse was not so weak as one would have imagined, considering the quantity of blood she had lost.

In this patient, who had formerly bore children, the discharge began to appear in the beginning of the eighth month, returning every now and then, when she ventured to go abroad; but, by the advice and assistance of another gentleman, who was now obliged to attend another patient, it had been kept within bounds till this period, which was the beginning of the ninth month.

As she would not permit me to examine, I privately advised the midwife to introduce her hand by degrees into the vagina, and feel all around for the edge of the placenta, at which part she might tear the membranes; she accordingly felt them at the left side; and a large quantity of waters being discharged, the child's head advanced, pressing the under part of the placenta to the right side. Then the pains increased, the head gradually dilated the os uteri, and being small, descended lower and lower, so that in a few pains the patient was delivered. The flooding abated when the waters were discharged, and was entirely stopped as soon as the head plugged up the os internum. From time to time I felt her pulse, which continued in much the same state, or rather turned stronger; from which circumstance, I concluded there was very little, if any, internal hæmorrhagy; and her strength was kept up by her taking frequently a teacup full of broth, or wine and water.

CASE 158.—*Hæmorrhage in Ninth Month; the Placenta expelled after the Rupture of the Membranes and before the Child, which was born alive.*—In the year 1748, I was called by a midwife to a gentlewoman, whom she had formerly delivered of several children. This patient was taken with a small discharge of blood in the beginning of the ninth month, when I prescribed venæsection and a glyster; after the operation of which, she received a paregoric draught. But the discharge continuing for several days, though in a small degree, I examined and found the mouth of the womb very

soft, placed so high, and so far backwards, that I could not perceive the placenta presenting, though I felt through the vagina and uterus that the child's head rested against the os pubis. As the discharge did not weaken the patient nothing was done; but I laid an injunction upon her, to refrain from going abroad. In about eight or nine days from this period, she was attacked with labour-pains; and the flooding increasing, I received another call, when I was informed by the midwife, that the mouth of the womb was largely open, that the waters had been discharged immediately before my arrival, that the placenta had come low down, but she could feel no part of the child. A strong pain immediately succeeding, I examined and found the placenta pushing through the os externum; and the delivery of this was immediately followed by that of the child, which was alive, although the placenta came first. The midwife told me, that when she found the placenta presenting, she was cautious of touching it with her fingers, remembering, that when she attended my lectures, I had observed, that the death of the child, in flooding cases, might be owing to its losing blood from the laceration of the cake.

[A most remarkable case this, from the fact of the child having been born alive subsequently to the extrusion of the placenta. Something similar occurred with Case 161.]

CASE 159.—*Hæmorrhage in Eighth Month; Placenta expelled after the escape of the Waters, and before the Birth of the Child.*—In the year 1750, I was called to a patient about the end of the eighth month of her second pregnancy. The midwife told me the waters had been discharged two hours before my arrival, and the flooding stopped; that feeling something like a fleshy substance come down, she had tried to pull it away, on the supposition that it was a false conception, and that these attempts were followed by a large quantity of blood. This substance, upon examination, I found to be the placenta low

down at the os externum; and sliding my finger betwixt it and the os pubis, I felt the child's head. During the next pain she was delivered of the placenta, which was much lacerated, and a dead child. I have been concerned in many cases, where the flooding, when inconsiderable, was easily stopped, and the woman proceeded to the full time.

CASE 160.—*Placenta Prævia; Waters discharged; Expulsion of Placenta, Membranes, and Fætus altogether.* (From Mr. E. W—, dated T. W—, 1747, with my answer.) —Some time ago, I was sent for to a woman after the midwife had made use of all her art to no effect. Upon inquiry, I found she had not gone her full time; the membranes were broken, and there had been, and still was, a profuse flooding. On touching, I could find no os tincæ. I then introduced my hand with some difficulty through the os externum; but could not readily meet with the os tincæ, being opposed by a soft fleshy substance, which I took for the placenta, and which proved to be so, as I afterwards found it. The child lying so high, and being hindered by the placenta, I could not get my hand beyond the os internum to feel the child, which put me to a stand. However, having taken out my hand, I kept my countenance as well as I could, and advised the woman to be of good cheer.

[Mr. E. W— seems to have been a very prudent man, and endowed with a good deal of that self-possession and coolness which Smellie exhibited in Case 209, and which are so often needed by the obstetric practitioner.]

Now, from the great effusion of blood, together with the foregoing circumstances, I thought it absolutely necessary to attempt her delivery, by opening the contracted parts, and turning the child; but I had no sooner sat down before her, than, providentially, she had a strong pain or two; and, to my great surprise, the child was brought into the world [the placenta coming first] enclosed within its membranes. This plainly convinced me of the error of some

who have asserted, that the placenta always adheres to the fundus uteri ; seeing, in this case, it was the reverse. With regard to this case, the information I should be glad to receive is this : Suppose the child had not been born as it was, whether I should have endeavoured to pass by the placenta, or extracted it before the child ? and suppose part of the os tincæ is covered with part of the placenta, how to act ? (*Vide Collect. XXXIII, Case 328.*)

Answer to these Queries.

I had a case of pretty near the same kind ; the placenta adhered to the lower part of the uterus, and as the os uteri began to stretch, that part separated from the placenta, and then a small flooding began. When I was called, the patient had some labour-pains ; and on examining, I found the os internum open about the breadth of half-a-crown, and the placenta pressed a little down into it. As the discharge was not great, and the woman strong, I delayed to deliver until the os internum should be more open. Some hours after this, I was again called ; the flooding was pretty violent ; I found the os internum fully opened, and the placenta fully presenting ; I laid the woman on her back, with her thighs raised ; then introduced my hand into the vagina, passed up by the placenta into the uterus, broke the membranes, and delivered the child by the feet ; by which means I prevented the placenta from coming down first. The child was alive ; because part of the placenta adhered to the lower side of the uterus. I have had cases where the placenta has come down into the vagina before the child's head, and was obliged to deliver it first ; but in such cases the child is commonly dead. It appears, in your case, that the os internum had been fully open ; that the placenta filled all the upper part of the pelvis ; and that the child being small, and the placenta detached, they all slipped along with ease, and were so suddenly delivered.

CASE 161.—*Partial Presentation of the Placenta; Membranes Ruptured; Arrest of Flooding and Expulsion of Placenta, followed by the Child, which was alive.*—In the year 1743, I was, about five in the afternoon, called by Mr. Burnet to a woman in the latter end of the eighth month, who, the preceding night, had been taken with a large hæmorrhagy of the uterus, and had, every now and then, some slight pains. Feeling the os uteri a little open, and the placenta presenting, I advised him to dilate gently during every pain; and as soon as he could reach the edge of the placenta, to break the membranes. This he effected in a few pains: the waters were no sooner discharged than the flooding ceased; and the pains growing stronger, pushed down the child's head, which gradually dilated the os uteri. But as it passed, the detached part of the placenta was forced down with it, and actually tore from the rest fifteen or twenty minutes before the child was delivered. We now expected the child would be lost from this laceration; but contrary to our expectation, it was alive, and did well; the mother also recovered, though she had lost a great deal of blood, and had fainting fits before I was called.

[The fact of the child being born alive some "fifteen or twenty minutes" after the "detached part of the placenta was forced down with it and actually tore from the rest," renders this history a very remarkable one, but yet by no means unique.

The words of the history would plainly suggest that only a portion of the placenta was detached, and if this were so our wonder at the child being born alive very much diminishes. In Case 158, as we have seen, the child was born alive, under circumstances still more unfavourable. Simpson, in his tables, refers to several recorded cases where the placenta was thrown off a short time previously to the birth of a living child.]

CASE 162.—*Hæmorrhage in Ninth Month, subdued by Cold and the accession of Labour-pains.* (Communicated by Mr. J—, dated at F—, 1751.)—I was called to a woman who had gone her full time, and had, for three

or four days, been troubled with a flooding, which then increased.

I immediately took ten ounces of blood from her arm, and prescribed an opiate that laid her quiet about three hours; during which the flooding abated. But when she awoke and began to stir, it returned, though not to so violent a degree.

In the afternoon I was allowed to examine, and found the os internum very thin, dilated to the breadth of a sixpence: but as the flooding seemed to increase towards night, I ordered cloths, dipped in cold oxycrate, to be laid over the abdomen: this application being twice repeated, the flooding entirely ceased, labour-pains came on, in less than an hour she was delivered of a live female child, and both did well.

[This was plainly a case of hæmorrhage from accidental separation of the placenta, and its suppression by the use of the "oxycrate" (vinegar and water) is no doubt attributable to the labour-pains induced by the cold applications. That Mr. J— should not have ruptured the membranes, as the woman was at her full time, seems strange.]

NUMB. 4.—*From Looseness.*

CASE 163.—*Vomiting and Purging in Ninth Month; Delivery natural; Child alive.*—In August, 1734, bilious cholics, attended with vomiting and looseness, being epidemical, I was called to several women labouring under these complaints at different times of pregnancy; and they were generally removed by washing the stomach and intestines with warm water, and afterwards prescribing opiates. One case, however, was more obstinate.

I was called to a woman, who had been exhausted and weakened by evacuations for the space of twelve hours before my arrival. I was told by the midwife, that she was in labour of her first child, though she wanted about

three weeks of the full time : but I was not allowed to examine ; a circumstance at that time of little consequence, because, whether she was or was not in labour, the first intention was to carry off the vomiting and looseness, and recruit her lost strength and spirits with all possible expedition.

I immediately ordered her to swallow large draughts of mutton broth, which I found ready made, mixed with warm water ; and these being thrown up at several times with a little straining, she took thirty drops of liquid laudanum in a glass of brandy and water, but this being immediately rejected by her stomach, I gave her half the quantity of the laudanum in a little broth, and applied to her stomach a piece of brown paper moistened also with the laudanum : she now began to be gradually relieved of the pain, vomiting and looseness ; so that I was permitted to examine, and found the mouth of the womb thick and soft, opened to the breadth of a crown-piece : I likewise felt the membranes, waters, and child's head. The complaints beginning to return, I repeated the last dose ; and in about half an hour after she had taken it, she fell into a sound sleep, which lasted several hours, and awoke very much refreshed, her complaints being entirely removed.

All that day she felt no labour-pains ; and as she was very weak, I directed her to take frequently a small draught of pretty strong chicken broth ; by which she was gradually recruited. She slept well that night, and in the morning was taken in labour, which proved tedious and lingering, though she was at last delivered of a large child which was dead ; and in about six weeks she was perfectly recovered.

CASE 164. — *Premature Labour induced by violent Diarrhœa.*—In the year 1743, I was called to a gentleman attacked by a violent super-purgation, in conse-

quence of having caught cold, by sitting in an open chaise in rainy weather when she was eight months gone in her second pregnancy. She had been exhausted by the evacuation the preceding day and night ; during which she enjoyed no repose : and in the morning when I was called, I found her pulse weak and slow, and her extremities cold ; and she told me that, in straining upon the stool, she had something like labour-pains. I immediately prescribed the following bolus and draught :

R *Theriac. Andromach.* ʒij. *sumend. cum haustu sequenti.*

R *Aq. Cinnamom. Simp.* ʒiss. *Aq. Nuc. Moschat.* ʒss. *Liquid. Laudan. gut. v. Syr. e Meconio* ʒij. *M.*

I directed her to drink plentifully of white-wine whey ; and ordered warm bricks, wrapped in flannel, to be applied to her legs and arms, in order to restore the natural heat, to promote a sweat, and encourage rest. In the mean time, I examined and found the os uteri largely open, and the head presenting ; and by feeling the hairy scalp, perceived the membranes were broken.

In consequence of what I had prescribed, her extremities became warmer, her pulse rose, she fell into a breathing sweat, and slept three hours ; but being waked by a pain and fresh straining, I ordered her to take half the quantity of the former prescription ; by which she was again relieved, dropped asleep ; and when she awaked in the evening, was quite free from the pain, griping, and straining, though still very weak and feeble. To obviate this complaint, I directed her to take every now and then some burnt red wine with nutmeg and toast, and in the intervals chicken broth. She continued easy the night following : when I called next day, she told me she had some slight pains ; and I found the child's head lower in the pelvis. The pains increased ; and in two hours after I arrived the child was delivered.

I have often known, in such cases, premature labour-pains vanish, and the woman proceed to her full time.

[Attacks of cholera or acute diarrhœa are very apt, as our author remarks, to bring on labour-pains; but dysentery, especially of the lower end of the colon or of the rectum, is still more likely to do so, from the close sympathy existing between this part of the canal and the uterus. In all these cases, however, much can be done by prompt and judicious treatment to counteract any disposition in the uterus to take on active contractions. Opium is here our sheet-anchor, and may be employed by the mouth or by the rectum, endermically or hypodermically. Under pressing circumstances I would not hesitate to use all these four methods in the same case.]

NUMB. 5.—*Puerperal Convulsions.*

CASE 165.—*Convulsions in the Second Stage of Labour; Venæsection; Delivery natural.*—In the year 1746, I was called to a woman by a midwife, who told me that the labour had proceeded very well; that the membranes had not broken until the mouth of the womb was largely opened; but that the head was no sooner forced into the upper part of the pelvis, than the patient was thrown into violent convulsions, which went off and returned with every pain. She was a strong young woman, of a florid complexion. This was her first child. Her pulse being full, hard, and quick, ten ounces of blood were immediately taken from her arm: the convulsions abated every pain, until they went off entirely; and in about an hour after they left her, she was safely delivered.

[The bleeding had an excellent effect here, as there was no recurrence of the fit, although she was not delivered till some time afterwards and then by the natural efforts.

Bleeding appears to have been very generally employed by Smellie in these cases, and he would seem to have had good results from his mode of treatment, as we learn from the concluding observations on the next case. I feel satisfied that the lancet has been too much banished from

the list of our remedies for the treatment of this formidable complication of pregnancy and labour. Dr. Dyce, of Aberdeen, has written very strongly against the too prevalent neglect of the lancet in the treatment of eclampsia, and I agree in nearly all he says on this subject. It is one thing to remove the *cause* of the convulsions, and another to counteract the immediate and highly dangerous consequences of the fit. In the cases of purely uræmic origin, blood-letting has little influence, probably, in removing the condition of the kidneys that produces the uræmia; but it is one of our most powerful means of averting the lesions to the nervous centres with which the convulsive seizure threatens the patient, and hence its great value. In the anæmic and hysteric convulsions bleeding would, of course, be out of the question. I have seen cases of convulsions where I deeply regretted not having used the lancet at the outset; and I have never had a case where I could trace harm to its employment.

About the last case of puerperal eclampsia occurring in my own practice was in the person of a stout primipara, aged 29, who was suddenly seized with a most violent fit of convulsions in the second stage of her labour, when everything was progressing most satisfactorily. I tied up her arm and opened a vein at once, and did not close the wound till I had taken twenty-five ounces of blood. This done, I applied the forceps, and with the assistance of Dr. Denham delivered her of a living female child. She had no recurrence of the fit. The urine drawn off during her labour, and for several weeks afterwards, was highly albuminous. This lady recovered perfectly, but her convalescence was tedious, and her pulse continued very rapid for a long time after delivery, and this I have known to occur in other cases of a like kind. Within the last few days this lady has been confined under my care of her second child. She got through her labour very well and without any convulsive seizure; but her pulse was rapid and she was extremely restless and impatient, crying out loudly, and at times almost delirious. She urgently implored of me to give her chloroform, which request I was not slow to comply with, as I considered the risk of convulsions to be imminent; and in her case and in others of a parallel kind I have found the free exhibition of chloroform (by inhalation) to have had the most decidedly beneficial effects. There was good reason to apprehend an attack of convulsions, as the urine had been albu-

minous and she had a slightly œdematous condition of the hands before labour, on account of which symptoms I had her under treatment for some weeks. Had there been any delay in the second stage of her labour I was prepared to apply the forceps, as a preventive of convulsions.]

CASE 166.—*Convulsions in Pregnancy ; Labour ; Delivery ; Death.*—In the year 1747, a woman in her third pregnancy, near her full time, being taken with a giddiness, which was immediately followed by strong convulsions, I was called by the midwife ; and examining in time of a convulsion, found the mouth of the womb open, and the convulsion forcing down the membranes and waters in the same manner as they are usually pressed down by the labour-pains. She was insensible ; and these fits returned every six or eight minutes. Her pulse being very quick and full, I ordered her to be bled to the quantity of ten ounces, and a blister to be applied to her back. In consequence of these remedies, the convulsions abated and soon went off ; but she was still insensible, and incapable of swallowing any kind of liquid. The friends being averse to my delivering her, I desired, that in case the convulsion should return, I might be immediately called in order to deliver her, otherwise she would certainly be lost. My prognostic was literally verified ; for in about an hour after I went away, they returned with such violence, that she expired before I could reach the house ; but the child was delivered during one of the fits.

In the course of this year, I attended several patients who were attacked in this manner near their full time ; some of whom were relieved by bleeding and blistering, and went on to the usual period ; while others, with whom this method did not succeed, were, with the children, saved by immediate delivery. Other practitioners had cases of this kind during the same time ; so that they seem to have proceeded from the constitution

of the weather. (*Vide* Vol. III, Collect. XXXIII, No. 3.)

[That the atmospheric constitution may favour the occurrence of puerperal convulsions is an idea not peculiar to Smellie. Denman and others have made the same observation; and when I was in the Lying-in Hospital (Dublin) there certainly were some seasons in which cases of convulsions occurred with unusual frequency. But I would still be slow to infer from this fact, unless strongly supported by collateral evidence, that atmospheric causes any more than contagion, had to do with the production of any particular disease; for the coincidences that frequently occur in practice are most remarkable, even where the bare possibility of any epidemic or contagious influence having been in operation, is wholly excluded. I could supply, were it necessary, many striking illustrations of this; but I am sure every man's own experience will enable him to corroborate what I say.

Instead of giving here and elsewhere only selections from his cases (as he states in the preface to this volume), had Smellie furnished the general results of all of them, he would have added immensely to the value of his clinical collections. But in his day the importance and value of statistics—especially in midwifery—had scarcely begun to be recognised. This omission, however, renders the reports he does give all the more trustworthy and reliable.]

CASE 167.—*Convulsions in Pregnancy; Labour; Delivery; Recovery.* (Communicated in a Letter from Mr. MUDGE, dated at Plymouth, 1748.)—In the morning he bled a woman in the ninth month of her pregnancy, who complained of a violent headache. He was again called in the evening, when she was seized with convulsions; for which he prescribed a glyster, blisters, a nervous mixture, and drops. At nine the fits became more violent, and continued longer; and concluding that immediate delivery was absolutely necessary to save her life, he examined by the touch; then putting the patient in a proper position, he introduced his hand into the vagina, and tried to dilate the os uteri, which was very rigid,

scarce so open as to admit a quill, and at first very difficult to be distinguished.

After several unsuccessful trials with his finger, he was obliged to desist, in hope that it might be better disposed to dilate by next morning; before which time, however, he was twice called in the night, found her in continual convulsions, and no alteration in the parts. About noon next day he visited, and found her convulsed without intermission, though the force of the fits had not dilated the os uteri in the least; neither could her mouth be opened so as to receive any medicine. At seven in the evening he was called in a great hurry, when the midwife told him, that now the child's head was in the passage. He could scarce believe this information; which, however, he found literally true, and sent for his forceps to assist in the delivery; but just as he was about to apply them, the head was forced out by the convulsions; he then delivered the body, and afterwards extracted the placenta, and the convulsions immediately abated.

[For the continuation of this history, the reader is referred to Case No. 479.

Besides the above three cases of puerperal eclampsia, several others are given in these collections, viz. Nos. 233, 234, 264, 342, 343, 344, 345, 366, &c. In conformity with his fundamental principle of classification, they are disposed, not in one group by themselves (as their importance might well justify), but according to the mode by which delivery was accomplished, viz. whether by the natural efforts, by instruments, or by the pelvic extremity.]

NUMB. 6.—*From Fevers.*

CASE 168.—*Pleuritic Fever in Seventh Month; Recovery, and continuance of Pregnancy; Delivery at Term.*—In the month of March, 1729, which, in the country where I then resided, was remarkable for a pleuritic fever that was epidemical, and often proved mortal if the patient was not

plentifully blooded at the first attack, I was called to a gentlewoman in the seventh month of her pregnancy, who had bore several children. She was suddenly seized with violent stitches in her right side, and a great difficulty in breathing; for which she immediately lost ten ounces of blood. From other patients attacked with the same disease, I had taken twenty ounces; and by repeating this evacuation once or twice, had frequently carried off the inflammation and fever; while those who were blooded too sparingly or too late, sunk under the disease; but I would not venture to bleed this patient to such a quantity on account of her condition. Nevertheless, as the symptoms were alleviated, though not removed, by the first venæsection, I followed Sydenham's method in prescribing plenty of diluents, and next morning repeated the bleeding to the same quantity. Upon my first arrival, I had sent for an eminent physician, who lived at some distance, and he approved of what I had done; advising that as it would be hazardous to take a large quantity at once from a person in her condition, she might be blooded the oftener; and this method being followed, in two or three days relieved all her complaints, having prevented a suppuration, perhaps a mortification, of the pleura. Though much exhausted by these evacuations, she gradually recovered strength enough to proceed in her pregnancy; and in a fortnight after her recovery, was safely, though prematurely, delivered of a weak child, which did not long survive the birth.

CASE 169.—*Fever in the Ninth Month; Accession of Labour on Fifth Day; Delivery, and Death soon afterwards.*

—In the year 1746, I was called to a woman in the ninth month of her fourth pregnancy, who was seized with a violent fever, in consequence of having caught cold. She complained of a racking headache; was between whiles delirious; and on the fifth day of the fever, when I was

called, fell into labour. I felt her pulse, which was quick, low, and intermitting; she laboured under a *sub-sultus tendinum*, and was in a little time delivered of a very weak child, that soon died; her delivery was attended with inconsiderable discharges, and she expired that same evening.

I have attended in many cases, at different periods of pregnancy, in the beginning, increase, height, and declension of fevers; and the patient commonly recovered, if miscarriage or delivery happened at the beginning or declension, provided the discharges were not extraordinary; but when the fever was violent and at the height, the patient usually died; and the child was frequently dead when delivered in the decline of the fever.

NUMB. 7.—*From the Small-pox.*

CASE 170.—*Confluent Small-pox in Fifth Month; Recovery; Pregnancy uninterrupted; Delivery at Term; Child Hydrocephalic.*—The observations I have made on fevers will also hold good in the small-pox.

In the year 1749, I delivered a gentlewoman who had the confluent small-pox in the fifth month of her pregnancy; from which she recovered, and proceeded to the full time. No marks of the distemper appeared upon the child, which had not been dead many days before delivery; but the head was dropsical, and could not be protruded by the pains until the water was discharged by perforation.

CASE 171.—*Confluent Petechial Small-pox in Seventh Month; Recovery; Delivery at Term of a dead Child marked with Small-pox.*—Mr. COOK, who attended me in the year 1752, communicated the following case, an account of which he received from the country. A gentlewoman at Oswestry, in Shropshire, aged twenty-eight, was in the

seventh month of pregnancy, on the 24th day of February, seized with the symptoms of the small-pox, and on the 28th the eruption appeared very quick and very small. A physician from Shrewsbury being called, found them of the confluent kind, with petechial spots, and prescribed *Decoct. Cort. Peruv. cum Elia. Vitriol. et Tinct. Rosar. pro potu communi.*

She recovered of this disorder, and was, on the 29th of April following, delivered of a dead child, upon whose body the eruptions appeared to have been about the crisis.

COLLECTION XIX.

OF CIRCUMVOLUTIONS AND KNOTS OF THE FUNIS UMBILICALIS, CONTRACTIONS OF THE UTERUS BEFORE THE SHOULDERS, &c.

NUMB. I.—*Of Circumvolutions of the Funis.*

(*Vide* Vol. I, page 223.)

CASE 172.—*Funis round Neck four times, causing Retraction of Head.*—In the year 1750, I was called to a gentlewoman in the eighth month of her pregnancy, by Mrs. Canon, who told me the labour had been very tedious; the head had been advanced to the os externum for near two hours, but was drawn up again after every pain.

The patient being averse to my examination, I advised the midwife to introduce a finger or two in the rectum during a strong pain, when the head was low down, and pressing against the forehead at the root of the nose, keep the head in that position for a few pains. By this method the patient was soon delivered of a dead child, round whose neck the funis was four times circumvoluted.

CASE 173.—*Funis round Neck, causing Retraction of Head; Delivery aided by pressure on the Head.*—In the year 1750, I was called to a gentlewoman in labour of her first child, whose os uteri dilated with the membranes and waters, in a slow and gradual manner, until it was fully opened, when the membranes protruding to the os externum, were broken; then the head came down to the middle of the pelvis, and being pushed farther in time of a strong pain, it was drawn back to the same place as the pain

abated, and continued to advance and retreat in this manner for several hours ; so that the patient was very much fatigued, and her friends began to be very uneasy.

That I might examine more narrowly, I began to dilate and open gently the os externum during every pain, until I could easily introduce my fingers all round the lower part of the child's head, so as to perceive that the delivery was not retarded by the largeness of the head or the smallness of the pelvis ; neither could it be delayed by the contraction of the uterus before the shoulders, because the head began to be drawn upwards, immediately after the membranes broke ; and the contraction seldom happens until all the waters are discharged. From these circumstances, I concluded that the difficulty proceeded from the circumvolutions of the funis umbilicalis round the neck of the child. The left ear of the foetus was to the left groin of the woman, and its right ear to her right side betwixt the sacrum and the ischium, the forehead being to the left.

I resolved to assist in bringing the head lower, and keeping it so, with the help of the forceps, had it continued much longer in that situation ; but as she had every now and then a strong pain, I first tried what might be effected by different positions, and directed her to bear the pains standing, sitting, kneeling, lying on one side, or resting on the bed in a posture between sitting and lying. This last was the most successful, and in three or four strong pains, the head, though still retracted, advanced lower and lower, and began to dilate the os externum. But observing that it made another stop, I introduced two fingers into the rectum, when it was pushed down by a strong pain, and pressing them against the lower part of the forehead, kept it down and prevented the head from returning until the return of the next pain. I continued this method ; in consequence of which, the head advanced farther and farther, and assisted the delivery of it, by raising the forehead up-

wards with a half-round turn from the lower part of the os externum. The woman was soon delivered, and the funis was found three times round the neck, and once round the arms of the child.

The hint of assisting in this manner I found in Mr. Ould's treatise, published in the year 1742 ; and I have frequently followed it with success, when the forehead was come down to the os coccygis ; but when it advances still lower, I withdraw my fingers from the rectum, in order to prevent a contusion of that part, as well as of the vagina, and press with my fingers on the external parts, and on each side of the coccyx. Care, however, must be taken to avoid the eyes in this pressure, otherwise they will be afterwards inflamed.

I must observe, that this assistance is not to be used except when the head comes low down, without continuing to stretch the os externum ; for although it is retracted after every pain, yet if, by advancing a little in the time of a pain, it dilates this part, such gradual dilatation is much more safe for the woman than a sudden distension, by which the parts are in danger of being inflamed or lacerated.

[The following is the passage in Ould's treatise to which Smellie refers in the above history :—" When the child is very near coming into the world, with the top of its head just at the labia pudendi, and that there is no obstacle to its expulsion, but either the weakness of the mother, the size or inflexibility of the cranium, or the dryness of the parts, the forefinger must be well greased and introduced into the anus, with the back of the hand towards the sacrum ; when it is thrust in as far as may be, by bending, you will easily fix it under the child's jaw-bone near its articulation with the cranium ; thus the mother's efforts may be very much assisted by pulling the child forward with the finger bent under the jaw ; which commonly in this case answers the end much better than any crotchet, and (I need not say) with more ease and safety both to mother and child." ('Treatise on Midwifery,' p. 46.) Smellie's directions are a de-

cided improvement on those of Ould ; as, when the head is distending the perineum and outlet, it is safer to press on the external parts only ; in which way the recession of the head may be effectually prevented. This little piece of manipulation I have often practised with complete success.]

CASES 174, 175.—*Delivery retarded by Shortness of the Funis.*—I have in this matter assisted in a few cases where delivery was retarded by the shortness of the funis ; particularly in the year 1744, when the patient was delivered by the forceps ; and in the year 1750, when the woman was delivered by the labour-pains, assisted in the manner described above ; in this last case the funis was not above two hands-breadth long, though very thick.

Mauriceau, in p. 336, and Obs. 406, relates an instance of his having delivered a woman of her first child, whose navel-string was extremely short, and as thick as its arm. The child had been dead several days before delivery.

It may be proper to observe, that when labour is retarded by the shortness or circumvolution of the funis, the retraction or drawing back of the head does not begin to be perceived until it is low in the pelvis ; whereas it is sooner observable when owing to the contraction of the uterus before the shoulders.

The head is also low down before it can be retarded by one of the shoulders resting above the os pubis or sacrum, instead of being towards the sides at the brim of the pelvis.

[I never met a case where I could be sure that delay was occasioned by shortness of the funis, or its circumvolution of the neck. Nay, I must confess to being somewhat sceptical as to the bare possibility of the thing. Retraction of the head when low in the pelvis is a common occurrence, even with great length of funis and a total absence of knots or circumvolutions ; and it is attributable to quite different causes, viz. the resiliency of the vagina and perineum, with a want of persistence, or tone, in the contractions of the uterus. Accordingly, it is most commonly met with in primiparous cases,

where the resistance of the perineum and vaginal orifice is greatest. In only one of the foregoing cases, viz. 173, does he mention what labour it was for the woman, and in that instance it was her first labour. Case 220 was also a primipara, and here he describes the head as being "forced down a little by each pain, though it afterwards recoiled to its former situation;" and this he at the time attributed to the cord being round the neck; but upon delivery no circumvolution or shortness of the cord existed.

On a few occasions I have seen the funis so tightly coiled around the neck when the head was expelled, that to get it over the head or even over the shoulder was impossible, and the cord had to be divided to save the child from strangulation. The same occurred to Smellie, as we see from Cases 198 and 199.]

NUMB. 2.—*Of Knots on the Umbilical Cord.*

CASE 176.—*Natural Labour; Child putrid; a Tight Knot on the Cord.*—In the year 1744, my attendance was bespoke to a woman, who imagined herself in labour about the end of the eighth month. This, however, was no other than a colicky pain, proceeding from costiveness, of which she was relieved by a glyster.

In a fortnight after this visit I was called, and found the membranes had broken; the waters were of a brownish colour and mortified smell; the labour was lingering, and the child, when delivered, of a livid hue; the scarf-skin was easily stripped off, the abdomen tumefied, and the funis swelled and livid, about ten hand-breadths long, with a tight-drawn knot on the middle.

CASE 177.—*Knot on the Funis; Child alive.*—In the year 1747, I attended another patient in a lingering labour, and delivered her of a live child, though there was a loose knot on the funis, which was very long.

CASE 178.—*Tedious Labour; Knot on Funis and a Coil round Neck of Child, which was dead born.*—In the year

1748, I assisted in a case where the funis, being nine hand-breadths long, had a loose knot on it, and was twisted round the neck of the child, which was dead; though I believe its death did not proceed from the knot or circumvolution, which were very loose; but from the nature of the labour, which was very lingering, the head being squeezed to a great length, and the brain too long compressed in a narrow pelvis.

NUMB. 3.—*Of Contractions of the Uterus before the Shoulders, and these last resting above the Pubes or Sacrum.*

(*Vide* Tab. XIV, and Vol. I, page 223.)

CASE 179.—*Contraction of Womb round Neck of Child; Dilatation with Hand; Delivery.*—In the year 1745, I discovered by the following case, that labours are often rendered tedious and lingering by the lower part of the uterus contracting before the shoulders, when the membranes break and the waters are too soon evacuated; this contraction not only keeps up the body of the child, but sometimes prevents the shoulders from turning from the upper part of the pubes to the side of the pelvis where it is widest.

I was called by a midwife to a woman thirty-five years of age, in labour of her first child, the membranes having been broken a long time. I found the head presented almost as low as the middle of the pelvis, and that the os internum was fully open, and the pains strong and frequent, yet the head did not advance, but receded a little after every pain, a circumstance which at first I imputed to the funis.

Finding the woman very uneasy, and her friends importunate, I amused them with a palatable mixture, of which I directed the patient to take two spoonfuls every half hour, my intention being to gain time; for I felt the

child's ear at the upper part of the pubes, the head was small and very little engaged in the pelvis, and I could foresee nothing dangerous in the case. I accordingly took my leave, after having assured them she was in a fair way, and would in a little time be safely delivered by the midwife. In about two hours, I received another call, and was told the medicine had done her no service. I likewise understood from the midwife, that the child's head was very little advanced, and that she had kept her in an easy position, according to my direction. When I examined, during a strong pain, I found the head lower down, but as the pain abated, it was drawn back to its former place; upon which I turned her upon her side, in order to bring down the head with the forceps, but first resolved to try what could be done by dilating the parts. Accordingly, placing her breech to the bed-side, I gradually opened the os externum during every pain, introduced my hand up the vagina, and with great difficulty raised the head above the brim of the pelvis. In pushing up my hand, on the posterior part between the os uteri and head, I felt the lower part of the womb strongly contracted round the child's neck; then, by continuing to push up farther, I raised the child, and gradually stretched the contracting part; so that when I withdrew my hand, a strong pain immediately followed, and forced down the head to the lower part of the pelvis; and in a few subsequent pains the child was delivered.

Although the child be not large, nor the pelvis small, labour is frequently retarded by such contractions, when the membranes are broken too soon; so that practitioners should avoid breaking them until the mouth of the womb is fully opened, that the head, by descending immediately into the pelvis, may plug it up, and prevent the waters from being too soon discharged. Except, however, in cases of flooding, where the less difficulty or danger must yield to

the greater, and the membranes be broken in order to stay the hæmorrhagy.

By these contractions, the child's head is seldom kept up so long as in the case described above, but is gradually pushed lower down; and the labour is more or less lingering, according to the degree of contraction and the strength or weakness of the pains. In a word, there is seldom occasion to assist until the pains fail, as we shall observe in the laborious cases.

[It may be that a contraction, such as is here described, did exist in cases that have been under my care; but I certainly was never cognisant of it, nor had any reason to suspect its presence. How any contraction of the lower part of the womb can take place around the neck of the fœtus, is difficult to understand, when we consider the flexed position of the head, making the occiput, poll, and back into one plane posteriorly, whilst anteriorly the position of the arms on the face and chest, with the chin resting on the latter, would effectually prevent the uterus closing in around the neck. Recession of the head, on the subsidence of each pain, seems to be the principal symptom of this supposed condition; but, as I said in the note on Case 175, this symptom can be otherwise accounted for, and is particularly apt to occur in primiparous patients; and such were Cases 179 and 220.

But whether our author be right or wrong in his explanation of these cases, one thing is clear—he did not let his theoretical notions materially, if at all, influence his practice, for he concludes his observations on Case 179 thus:—"In a word, there is seldom occasion to assist until the pains fail."]

COLLECTION XX.

OF LINGERING CASES FROM THE LARGE SIZE OF THE CHILD, AND FROM THE HYDROCEPHALUS.

NUMB. I.—*Tedious Labours from the large size of the Child.*

(*Vide* Tab. XXI, XXVII, and XXVIII.)

CASE 180.—*Tedious Labour from large size of Child's Head, and Mismanagement; Child dead born.*—In the year 1742, I was called to a woman, whose friend told me she had been three days in labour, and that the midwife, who had lost her opportunity, was keeping her in hand. She, however, in her own vindication, gave me to understand that she had delivered the patient twice before; that the first labour was lingering, and the child, which was small, came before the time; that the second was also tedious, and the child, which was large, still-born, because they had sent for her when it was too late to save it by making more room; that, in order to obviate the like misfortune upon this occasion, she had been called in good time, and considerably dilated the parts; but when the waters were discharged, the pains had not been strong enough to deliver the child. She likewise affirmed, that when she was called, there was no opening of the os internum, which did not begin till the preceding night; but that the woman laboured under a colic, attended with a looseness which had been stopped by something prescribed by the apothecary, upon which the pains grew stronger; and that she, the midwife, had lost no

time, but tried all the different positions, and dilated the parts during every pain. Indeed, the looseness had exhausted the patient; and she was moreover fatigued by the unskilful management of the midwife, who was extremely ignorant, had never received the least instruction, and seemed incapable of profiting by her mistakes in practice.

When I first examined, I found the mouth of the womb pretty largely opened, but thick and swelled; the external parts were likewise tumefied and inflamed. I afterwards, during another pain, felt the head presenting, though very high up. Her pulse being low and quick, I directed the attendants to put her to bed, and keep her as quiet as possible. As she was troubled with a great drought, I desired her to drink barley-water, and take now and then a little weak broth, with toasted bread; lastly, in order to amuse herself and friends, I prescribed a draught of syrup and simple waters to be repeated every two hours. Then exhorting her to disregard the trifling pains she had, I assured her they would grow stronger, and assist the delivery with better effect, after she should have enjoyed a refreshing sleep. Having given these directions, I took my leave about eight in the morning; and returning in the evening, was informed that she had slept very sound for five or six hours, sweated plentifully, and undergone every now and then a smart pain.

Finding the parts much softer, the heat abated, and the pains gradually pushing down the head of the child into the pelvis, I encouraged the patient, telling her she was now in a good way, though, in consequence of her weakness, her delivery would require some time, and therefore she ought to exert her patience. I likewise privately directed the midwife to let her rest in bed, and sleep as much as possible, without fatiguing her by a repetition of her former conduct. But notwithstanding this express admonition, when I was called early next morning, I understood

she had acted diametrically opposite to my advice, by raising her out of bed, and harassing her in the manner already described ; so that she was quite sunk and dispirited, and the external parts were inflamed and swelled as before. She was immediately replaced in bed, and a poultice of bread and milk being applied to the parts, I waited to see the event. She slept and sweated a good deal ; and when waked with a pain, took some broth, warm wine and water, and candle alternately, at different times, so as to be much recruited and refreshed ; the inflammation also abated ; upon which the poultice was removed, and the part cleaned ; and the pains growing stronger, she was delivered about noon, of a dead child, whose head was squeezed to a great length.

I afterwards delivered this woman three times, and the children were all uncommonly large ; but by giving her time, and keeping up her strength, she was safely brought to bed and they were all alive.

CASE 181.—*Tedious Labour ; large Child ; Irritation of Vagina with Hand ; Delivery natural.*—In the year 1725, I was, in the evening, called to a patient by the midwife, who told me the woman had been long in labour of her first child, that the os uteri had gradually and slowly opened, that the waters had been discharged a great many hours, and that the child's head did not advance.

Upon examination, I found the head was come down to the middle of the pelvis ; and the woman being strong, with a quick, full, hard, pulse, was blooded to the quantity of ten ounces. She was kept quiet in bed, and slept betwixt the pains, every second or third of which was pretty strong. I desired the midwife to indulge her with all possible rest, and send to me if she should turn weaker, and could not be delivered by the pains.

Accordingly, I was called next morning, when I found

the child's head advanced to the lower part of the pelvis ; but the patient being exhausted, and her pains growing weaker, I resolved to deliver by turning the child, or if that should not be practicable, to assist with the fillet or crotchet. I then did not know the method of delivering with the forceps.

After having gradually opened the os externum with my fingers, I tried to raise the head, and introduce my hand into the uterus, so as to reach the feet ; but the contraction was so great, that I could not advance farther than the upper part of the vagina ; upon which I determined to use the fillet ; when a strong pain coming on, as I withdrew my hand, the head descended lower, and in two more pains the woman was delivered of a child, whose head was squeezed to a great length.

By this method I have several times succeeded in such cases.

[What is here meant by "this method" is not very obvious, but I presume it is the passing of the hand into the vagina, the irritation caused by which proceeding will very seldom fail to augment the strength and frequency of the pains.

It is interesting to note his cursory remark that at the time this case occurred, (viz. in 1725 and whilst he was practising at Lanark), he was ignorant of "the method of delivering with the forceps." We further learn from the observations appended to Cases 222 and 281 that even up to the year 1737 he did not know how to use the instrument ; and it was apparently the search for information on this subject that prompted him to leave Lanark, and ultimately led to his settling in London as a teacher and practitioner of midwifery (*vide* Vol. I, p. 4).]

CASE 182.—*Tedious ; large Child, Still-born.*—In the same year, I was called to another woman, who had been long in labour of her third child. When I first examined, I thought I felt the breech of the child ; but afterwards found it was a large tumour on the child's head, which

was pretty low in the pelvis. The patient had been much fatigued by the imprudent management of the midwife, the pains had turned weak, and her pulse was low. I directed her to be put to bed, to take something warm, and try to doze between the pains. By this method her exhausted spirits were recruited, and her pains grew stronger; I assisted as in the preceding case, and she was delivered of a dead child, with a large head squeezed to a great length.

CASE 183.—*A Pluripara; Labour tedious; Child large; Delivery natural.*—In the year 1729, I was called to a patient whom I had delivered twice before; in her first labour I used the crotchet, in the second I tried the fillet, but without success; upon which I brought the child by the feet, though I could not save it, because the head was very large.

Having found by experience that several children were lost by using these expedients prematurely, and by turning the child when a large head presented in a narrow pelvis, I resolved to manage this case in a more cautious manner, and desired that I might be called in time.

Accordingly, when I arrived, the midwife told me, that the patient had not been fatigued, and only once examined; the mouth of the womb was largely opened; and the gentlewoman being of a weakly constitution, I kept her chiefly in bed. The waters broke soon after my arrival; the labour was very tedious from the largeness of the head, which advanced very slowly in the pelvis; but by encouraging and keeping up her strength, she was at last safely delivered.

[Here, as well as in many other places, Smellie speaks of conducting a case of labour “in a cautious manner,” by which expression he evidently means to convey that the case was carefully managed, with a due regard to husbanding the strength of the patient as much as possible, so that the natural efforts might have

full play towards effecting the delivery. In many of these instances his "cautious management" was successful in bringing matters to a satisfactory termination without any active intervention of art.]

CASE 184.—*Tedious Labour; trial of the Fillet; failure; Delivery by natural efforts.*—In the course of the same year, I attended a woman who had been long in labour, and whose waters were discharged many hours before I arrived. I found the mouth of the womb largely opened, the child's head advanced to the middle of the pelvis, the patient very much fatigued, and the midwife told me her pains had been strong, but were much abated.

As I could not turn the child, I made a noose on a garter, which I with great difficulty fixed over the fore and hind head, and pulled gently during every pain; but not succeeding, I increased the force until the noose slipped off. Then resolving to try what nature would do, I prescribed a gentle opiate; and she being kept quiet in bed, enjoyed between the pains some refreshing slumbers, by which her strength was gradually recruited; and the pains growing stronger, she was in about two hours safely delivered. The fillet had galled and inflamed the hairy scalp of the child, which, however, in consequence of proper applications, recovered in a few days.

CASE 185. — *Primipara; very slow Passage of Head through Pelvis; Delivery natural; Child very large.*— In the year 1750, I attended a gentlewoman in the city, in labour of her first child. She was young, strong, and healthy, had gone a month beyond the common time of reckoning, and the case was very tedious; for after the membranes were broken, and the child's head advanced a little in the pelvis, she underwent many severe pains for the space of four hours, before it descended to the lower part, where it continued two hours longer before she was delivered.

I perceived that the greatest difficulty proceeded from the large size of the head; and she being strong and the pains brisk, I thought nothing should be done but to encourage and prevent her from being fatigued. However, before she was delivered, her spirits and pains began to flag, and her friends became very anxious and uneasy; indeed I myself was not without apprehension that both she and the child would be lost.

Though the pains were most effectual while she continued in bed betwixt a sitting and a lying posture, when they began to grow weak, I resolved, as the head was low down, to assist with the forceps: but before I used that expedient, I thought proper to alter the position, and try what would be the effect of her taking some pains standing, a posture which had succeeded in other cases. She was accordingly taken out of bed, and, some loose clothes being put on, supported between two women. Her pains increased in consequence of this alteration; and after she had undergone several severe ones, I found the child's head began to move lower and lower, and protrude the parts in form of a large tumour. Then she was put to bed again, and with great difficulty I saved the perineum from being torn. After the head was delivered, it required great force to bring along the shoulders; indeed this was the largest child I ever brought into the world alive.

The head was squeezed to a great length, had a large tumour at the vertex, and if the mother's pelvis had not been very large, the child could not possibly have been saved.

CASE 186.—*Primipara; tedious Labour; Delivery natural; Child dead born through delay.*—In the year 1742, I was called to a patient about the age of forty, in labour of her first child; though I was not permitted to examine, but was obliged to wait in another apartment, in case of

accidents. By the midwife's information from time to time, I understood the child advanced very slowly after the os uteri was largely opened, and the membranes had broken ; and that the pains, though seldom, were pretty strong.

In this manner labour proceeded for the space of twelve hours, at the expiration of which, the midwife told me, that although she had at first found the child was alive by moving its head, she was afraid it was now dead, for the pains had flagged for a long time, and a small part of the head had been for two hours without the external parts. However, the child was delivered soon after she gave me this account, and appeared to have been but a very little time dead ; and, in all probability, when the head was so low and the pains abated, it might have been saved by the assistance of the forceps, which seldom or never fail when things are in that situation.

I afterwards learned, that the shyness of the patient proceeded from the artful insinuations of the midwife, who terrified her with dreadful accounts of the use of instruments.

During the first year of my practice, when I was called to lingering cases, which were often occasioned by the imprudent methods used by unskilful midwives to hasten labour, such as directing the patient to walk about and bear down with all her strength at every trifling pain, until she was quite exhausted, and opening the parts prematurely, so as to produce inflammations, and torture the woman unnecessarily ; on such occasions, without knowing the steps that had been taken, I have been told that the patient had been in severe labour for many hours, and sometimes days, and that now I was called to prevent her from dying with the child in her belly. Thus solicited, if the head was at the upper part of the pelvis, I commonly turned the child, and brought it by the feet ; and thus, if small, it was usually saved, provided it was not dead before my arrival : but when the head was large, or the pelvis narrow and dis-

torted, the force necessary to extract it was often the occasion of its death.

On the other hand, when the head was so low in the pelvis, that I could not raise it into the uterus in order to be turned, I was obliged to dilate [i.e. *perforate*] the cranium with the scissors, and extract with my fingers, assisted by the blunt hook. This method, however, I never practised, except when the head was low down, and the patient so much exhausted that she could not be delivered by the pains; and not even then, until after I had tried Mauriceau's fillet, which always failed, and another, introduced by my fingers in form of a noose, which sometimes, though very rarely, succeeded, when the child was small.

In order to avoid this loss of children, which gave me great uneasiness, I procured a pair of French forceps, according to a draught published in the 'Medical Essays' by Mr. Butter; but found them so long, and so ill contrived, that they by no means answered the purposes for which they were intended. I afterwards perused the treatises of Chapman and Gifford, who had frequently saved children by a contrivance of this kind; and actually made a journey to London, in order to acquire further information on this subject. Here I saw nothing was to be learned; and by the advice of the late ingenious Dr. Stewart, who was my particular friend, I proceeded to Paris, where courses on midwifery were at that time given by Gregoire. There likewise I was very much disappointed in my expectation: for though his method might be useful to a young beginner, his machine was no other than a piece of basket-work, containing a real pelvis covered with black leather, upon which he could not clearly explain the difficulties that occur in turning children, proceeding from the contractions of the uterus, *os internum*, and *os externum*. And as for the forceps, he taught his pupils to introduce them at random, and pull with great force, though he preferred

Chapman's instrument to that used by the French, and recommended the improvement made upon Mauriceau's fillet, which can never be of any use.

Little satisfied with his manner of instructing, I considered that there was a possibility of forming machines, which should so exactly imitate real women and children as to exhibit to the learner all the difficulties that happen in midwifery; and such I actually contrived, and made by dint of uncommon labour and application.

I endeavoured to reduce the art of midwifery to the principles of mechanism, ascertained the make, shape, and situation of the pelvis, together with the form and dimensions of the child's head, and explained the method of extracting, from the rules of moving bodies, in different directions. Nevertheless, I had still some occasion to perceive that children were lost, and the mothers endangered, by turning, when the head was large and presented, or even by leaving the head to stick long at the lower part of the pelvis, when the pains were weak and the patient exhausted: for in this last case the child, when delivered, was commonly dead, in consequence of the brain's having been compressed; and the same long compression had produced an inflammation in the vagina, os internum, and sometimes in the uterus of the mother. To obviate these misfortunes, I was sometimes obliged to have recourse to the fillet or forceps; with which last I frequently succeeded so as to save the child; though the use of them was sometimes attended with a laceration of the external parts of the woman, until I contrived an alteration in their form, and gave new directions for using them; by which this inconvenience is prevented.

In a word, I diligently attended to the course and operations of nature which occurred in my practice, regulating and improving myself by that infallible standard; nor did I reject the hints of other writers and practitioners, from

whose suggestions, I own, I have derived much useful instruction. In particular, I was obliged to Dr. Gordon, of Glasgow, and Dr. English, of Lanark, in Scotland; the first made me acquainted with the blunt hook, the other with the noose; and in London, Dr. Nisbet assisted me in improving the forceps, and Dr. Hunter in reforming the wrong practice of delivering the placenta.

On the whole, I have given this short detail of my own conduct, for the benefit of young practitioners, who will see, that far from adhering to one original method, I took all opportunities of acquiring improvement, and cheerfully renounced those errors which I had imbibed in the beginning of life.

[No one can read the foregoing brief statement and fail to see in it indications of the honest candour and simplicity of Smellie's character. The frank acknowledgment of his obligations to Dr. Gordon, Dr. English, Dr. Nisbet, and Dr. William Hunter, clearly show how little disposed he was to appropriate to himself any credit for improvements or discoveries that were not entirely his own; whilst few men with such claims as Smellie undoubtedly had, to originality, have made such little profession of them.

When he tells us that he "diligently attended to the course and operations of nature," we see at once the true source of all his discoveries and improvements.]

NUMB. 2.—*Hydrocephalic Head.*

CASE 187.—*Dropsical Head; difficulty of Diagnosis; Delivery natural; Child dead.*—In the year 1747, I attended a gentlewoman in labour of her fourth child, and felt the membranes pushed down, and the os internum and os externum largely opened. Before the membranes broke, the child's head continued a long time high up at the brim of the pelvis; and felt in such an uncommon manner, that I was for some time uncertain whether it was the head or breech. But the waters being discharged, it was pushed

a little lower down; then I felt the hairy scalp, and perceived the head was dropsical, from the looseness of the bones and the great distance between them.

After many severe pains, the scalp was protruded to the os externum; which the contained water distended to such a degree, that the head passed, and the child, which was presently delivered, seemed to have been dead but a very little time.

CASE 188.—*Pluripara; Dropsical Head; Delivery natural; difficult Extraction of Body.*—In the year 1753, I was called to a woman in labour of her first child. The membranes and waters opened the os uteri in a very slow manner; and when they came down to the middle of the vagina, felt as if there had been one set of membranes within another, though the internal seemed to be much thicker than the external. But before the os uteri was fully opened, the real membranes broke, and then I discovered the other was the hairy scalp, pushed down by water contained in the skull. This the pains pushed down lower and lower; so that the os internum being fully opened it stretched the vagina and os externum in the same manner as they are commonly dilated by the membranes and waters of the secundines; and I felt the bones of the skull loose and riding one another.

At length the head being delivered, I was obliged to exert a good deal of force in bringing along the shoulders and body, because the belly was swelled. The funis was tumefied and livid; the child seemed to have been dead for the space of eight or ten days; and there was a large quantity of water contained in its head.

[These two cases are chiefly interesting as showing the physical characters which a hydrocephalic head may present to the examining finger of the accoucheur, and by due attention to which a correct diagnosis may generally be formed. In their course and management

the foregoing cases exhibit nothing very peculiar. Cases 170, 275, 276, 295, and 400, are also examples of hydrocephalus, but requiring different modes of treatment.

I have met with many examples of congenital hydrocephalus in my hospital practice, but not any in private practice. The presenting part was the head, the breech, or the foot. A hydrocephalic fœtus presenting with the upper extremity has also occurred to me. When the pelvic extremity of the child presents, much embarrassment will be experienced when the hydrocephalic head comes to be extracted, as of course it will remain high up in the pelvis, and the difficulties of recognising the dropsical condition under these circumstances are very considerable.

A case of this description fell under my care very early in my professional life. After the expulsion of the body and limbs, the head was stopped at the brim of the pelvis, and up to this period the child was alive. No force I could exert made any impression on the head. The case seemed rather obscure, but the fact of her having previously given birth to four full-grown children, after easy labours, led me to infer that the cause of delay could not arise from deficient capacity of the pelvis; whilst the existence of a spina bifida in the cervical region suggested the great probability of the head being hydrocephalic or monstrous.

When all hopes of saving the child had been dissipated, and the pulsations of its heart had completely ceased, a perforator was pushed up by the mouth through the base of the skull, whereupon the discharge of an enormous quantity of serum at once occurred, revealing the true cause of difficulty. This fluid did not communicate with that in the vertebral sheath. The circumference of this child's head, when distended with fluid, measured twenty-three inches; it is preserved in the museum of the Dublin Lying-in Hospital.

With presentation of the hydrocephalic head there is certainly some risk of rupture of the uterus, even when the labour is not unduly prolonged or the uterine action is unusually violent. This conclusion I have come to from having seen two or three cases of rupture with hydrocephalic children, a proportionate frequency which is much greater than that of rupture in cases of difficult labour from ordinary causes. This contingent danger makes it desirable that we should diagnose the existence of a dropsical condition of the head as early as possible in the labour.]

COLLECTION XXI.

OF LINGERING CASES FROM A SMALL PELVIS; FROM SWELLING OF THE LABIA; FROM TUMOURS OF UTERUS; FROM BANDS IN THE VAGINA; AND FROM DETENTION OF SHOULDERS BY CIRCUMVOLUTION OF THE FUNIS.

(*Vide* Tab. XXVII and XXVIII.)

NUMB. I.—*Narrowing of the Pelvis.*

ALTHOUGH these labours may seem to be of the same class, and require the same management with those that proceed from a large head, there is an essential difference; for though they are much the same with regard to the efforts of the woman, the operator in these has much less room when he is obliged to assist with his hand, and the child's head is disfigured and compressed into large indentations, occasioned by the jetting in of the upper part of the sacrum, and vertebræ of the loins.

[The cases in this section are related as instances of lingering labour produced by slight narrowing of the pelvis; but yet terminating without any recourse to instrumental assistance. In all of them the actual diminution of the pelvic capacity was only very trifling, as shown by the results of parturition and the size of the children.]

CASE 189.—*Pluripara; undue Sacral Prominence; tedious Labour; Delivery natural; Child alive.*—In the year 1750, I was bespoke to attend a woman of a middling size, and to appearance well made, who had been three times before delivered of dead children. The *first* presented with the arm; and the midwife having kept her two days in hand, with promises of safe delivery, the friends called a gentleman of the profession, who, with great difficulty, extracted

the child by the feet, and was so much fatigued with the operation, that he was obliged to keep his bed for several days.

In her *next* child I was employed, after she had been weakened and exhausted by another midwife, who, with great self-sufficiency, had undertaken to bring matters to a happy issue. Having waited a long time to no purpose, I tried the forceps; and these failing, I dilated [i.e. *opened*] the cranium, according to the method described in laborious births. Then I found the difficulty proceeded from the large size of the head, and the jetting in of the upper part of the sacrum, which was not above three inches and a half from the os pubis.

In her *third* labour, I attended by myself; but the breech unluckily presenting, and the child being very large, I could not possibly save it; for I was fain to use the curved crotchet in delivering the head, to the great grief and mortification of the poor mother, who had suffered so much, and lost three children.

When I was called to her in labour of her *fourth* child, the mouth of the womb was open to about the breadth of a shilling, and the child's head rested on the upper part of the pubes, but was thrown a little more forward than usual, by the jetting in of the upper part of the sacrum and the last vertebra of the loins. Labour being just begun, I encouraged the patient, by telling her that I had saved many children, even where the pelvis was narrower than hers; and that I was now in great hopes of succeeding, provided the child was not of an extraordinary size.

As she had slept but little the preceding night, and her pulse was rather full, I ordered ten ounces of blood to be taken from her arm, and her intestines to be emptied by a glyster; and taking my leave in the morning, desired the nurse would not send for me until the membranes should be broken. She was accordingly kept quiet in bed, and en-

joyed some refreshing sleep ; and in the evening I received a message ; then the membranes were broken, the mouth of the womb being largely opened, and the head beginning to be squeezed in at the upper part of the pelvis ; but when the membranes gave way, the pains abated, as is commonly the case when the head is not small or the pelvis large ; for the pains she had hitherto undergone proceeded from the membranes stretching the mouth of the womb ; and now the head being kept up, did not continue the distention of these parts, but locked them up so as to detain a quantity of waters still in the uterus.

I went away again, desiring the nurse to send for me when the pains should return and grow stronger ; and in about three hours I returned, in consequence of another call, when I understood a great many cloths had been wetted, and that the pains were become stronger and more frequent. I then felt the child's head squeezed lower down ; and but little water being discharged in time of a pain, I concluded that the whole quantity was almost expended, and that the uterus was close contracted to the body of the child.

As the patient had been chiefly in bed during the whole day, I directed her to take her pains in a sitting posture, and now and then to walk about without fatiguing herself. She therefore sat in an easy chair, leaning backwards ; and in this manner took her pains, until towards morning, being very much fatigued, she was again put into bed, and laid on her back ; her shoulders being raised with pillows, so as that her posture was between sitting and lying, I desired her, in time of a pain, to pull up her legs, while an assistant supported her feet, and directed her not to force down, except when the pain was strong. The head continued to advance very slowly, the bones of the cranium riding over one another ; the vertex was squeezed down in a conical form to the lower part of the left ischium, the forehead

being at the upper part of the right, or rather above the brim of the pelvis on that side; the fontanel was still very high up, and I felt the ear at the os pubis. At every third or fourth pain, which was generally the strongest, the head advanced, and the occiput was gradually raised to the space below the pubes, the forehead turning backwards to the lower part of the sacrum and coccyx.

The head being now so low down, and disengaged from its confinement and pressure at the upper part of the pelvis, proceeded much more easily than before; however, as the child was large, and might be lost in being detained too long by the contraction of the uterus before the shoulders, I assisted a little when the forehead was come down to the lower part of the coccyx, by placing my fingers on each side of it, in time of a strong pain, in order to press the head forwards to the space below the pubes, and prevent its being drawn back upon the abatement or cessation of the pain.

The head being delivered, I was fain to use a good deal of force in extracting the shoulders; for although I had brought them down to the lower part of the ischium, I could not effect the delivery until I introduced a finger above one of them, up to the middle of the arm, and, by pressing towards the sacrum, brought it down with a half-round turn; upon which the body followed.

The circulation in the funis being stopped, the child, which was very large, and whose head was compressed in a longitudinal form, lay five or six minutes before it began to breathe.

The woman recovered of this much better than of her former labours.

CASE 190 (same patient).—*Labour tedious, but ending naturally; Two Labours subsequently.*—I delivered the same patient of another child in the year 1753, when the

labour proceeded much in the same manner; with this difference, however, that the membranes were unluckily broken by her motion in getting out of bed before she had any pains. I being called in consequence of this accident, found the os uteri soft and yielding, though very little open, and the child's head resting above the os pubis, as in the former case. She was blooded, and received a glyster, as in the preceding case; but as the pains were not begun, and I was engaged at another labour, I left a midwife, with proper directions how to manage when the pains should come on, until I should be at leisure to come and attend her.

Soon after I went away the pains began, and a large quantity of waters was from time to time discharged. When I returned in the evening, I found the os uteri pretty largely opened, and the head pushed down to about one third of the pelvis; and taking it for granted that she would have many more strong pains, and that all the waters were not yet discharged, I lay down in a bed to take some rest, because I had been much fatigued the night before, and desired the midwife to call me as soon as the head should be come down to the lower part of the pelvis. The patient bore many very severe pains with extraordinary courage; the child's head was in the situation described in about three hours after I went to bed; and in half an hour after I rose, the woman was safely delivered of a live child. Since the publishing of the above, she has been twice delivered in the same cautious manner by Mrs. Maddocks, on my account; and the children were live-born, and did well.

[In the foregoing "cases," we have the details of seven successive labours occurring in the same patient, making altogether a very interesting and complete obstetric history of this woman. The character of each of her labours was as follows, viz. :

First labour.—Arm presentation, delivered by turning of dead child.

Second labour.—Head presentation, delivered by crotchet after failure of forceps.

Third labour.—Breech presentation, head extracted with crotchet.

Fourth labour.—Head presentation, natural delivery of a living child after a tedious labour.

Fifth, sixth, and seventh labours similar to last, and the children born alive.

Smellie estimated the conjugate diameter in this patient to be about three inches and a half; but judging from the results of her labours, I am strongly of opinion he under-estimated the capacity of the brim.

The varying character of her labours—some ending naturally and others requiring the aid of the crotchet—is just what we often meet with in cases of *slight* deformity, and where, consequently, a little difference in the size of the child, the degree of ossification, or the vigour of the pains, will be sufficient to produce a very material influence on the course and result of the labour.

The above and other cases related in this section plainly teach us the necessity of caution in the management of cases where the pelvis is undersized in a slight degree only, and warns us against a premature or hasty resort to extreme measures. Cases of this description, more perhaps than any others, illustrate the good effects of Smellie's "cautious management," in bringing about a successful and natural termination of the labour. Economising the patient's strength, supporting her with suitable nourishment, attending to the state of the bladder and bowels, keeping the air of her chamber fresh and pure, and above all keeping up her spirits and hopes by encouragement and cheerfulness—these are the means and the influences comprehended in Smellie's "cautious management," and when judiciously and thoroughly carried out they will contribute most materially to the efficiency and success of the natural efforts.]

CASE 191.—*Pluripara; small Child; Delivery natural.*—

In the year 1750, I attended a woman whose pelvis was also distorted, and rather smaller and narrower than that described in the preceding case. She had, the year before, been long in labour, and much exhausted, but she was

delivered by another gentleman, who was obliged to open the child's head.

I being called at the beginning of this second labour, managed her much in the manner above described, and with great difficulty saved the child, which was small; but when I attended her again in her next lying-in, I could not save the child; which, though larger than the former, was not above the common size.

CASE 192.—*Pluripara ; slight projection of Sacrum ; tedious Labour ; natural Delivery.*—In the year 1742, my attendance was bespoken to a woman who had been four times delivered by another gentleman of dead children; and it was alleged her pelvis was so narrow and ill-formed, that she could not possibly bear a live child.

I was averse to interfere with any other practitioner; and actually refused to undertake the case until I was importuned by two of her acquaintance whom I had delivered, and assured that the other gentleman would never be employed again at any rate; upon these representations I promised to attend this patient, who was a little woman, of a delicate constitution, subject to icterical complaints; for which I advised her to consult some physician; though in this particular she neglected my advice, on the supposition that her health was mending.

Soon after my first visit, I was called to her when she imagined herself in labour, and found the mouth of the womb but very little open, though soft and yielding. Her pains seemed to proceed from her being costive; yet I felt the head resting above the pubes, and I was agreeably surprised to find the pelvis was not so narrow as it had been described; for with the tip of my finger I could hardly reach the jetting forwards of the last vertebra of the loins and upper part of the sacrum; from which circumstance, I understood the pelvis at that part, was not above half or

three quarters of an inch narrower than those that are well formed. I therefore hoped, that if the child was not large it might be saved, provided I could keep up the woman's strength. With this view, after having encouraged her by communicating my opinion, I prescribed a glyster; after the operation of which she took the following draught:

R *Aq. Cinnamom. Simp.* ʒiss. *cum spiritu* ʒij. *Confect. Damocrat.* ʒss. *Syr. e. Meconio* ʒij. *M.*

It was now late, and I being uncertain when labour would begin, stayed with her during the best part of the night, but went away as soon as the draught had thrown her into a profound sleep. She was free from pain all next day; but I was called the following morning, when I understood she had trifling pains in the night, though she had slept in the intervals. I found the waters pushing down the membranes, and the mouth of the womb open to about the breadth of a crown; and she being weary with lying, I advised her to rise and take her breakfast. Having sat with her about two hours, during which the pains were but slight and returned seldom, and believing they would not grow much stronger until the mouth of the womb should be fully opened, the membranes broken, and the waters discharged, I proposed to go and visit some other patients; and laid injunctions upon the nurse to put the woman to bed, and send for me as soon as matters should be thus ripened.

She seemed uneasy at my going, and afraid I would not return. She observed, she had been already two days in labour; that the other gentleman would not have waited so long, but have delivered her before this time, either by turning the child or extracting it with instruments; the nurse, too, made reflections of the same nature.

I paid very little regard to what they said of my predecessor, because I could not pretend to judge of his practice unless I had been present, and known the particular

circumstances ; and nothing can be more absurd than to justify or condemn upon the hearsay of ignorant people, who are always apt to run into extremes of praise or dispraise.

[The above observations are pregnant with ethical wisdom, and clearly show what just and sensible principles actuated Smellie's conduct and language in regard to his professional brethren. It should be an inviolable rule with us, never to pronounce a disparaging opinion on the practice or conduct of any professional brother merely from the representations made to us by the patient or other non-professional persons.]

I therefore told her, she had not been in real labour till the night before ; that I would do everything in my power for the safety of herself and the child ; and begged, that if she was in the least diffident of my skill, she would send for the person who formerly delivered her ; for I would not attempt to force matters, as there was really no danger, even if the labour should continue eight days longer. This declaration quieted the anxiety of the patient and nurse ; and I was permitted to go away, after I had promised to return upon the first notice, which was about eleven ; but at two I was sent for in a great hurry. The nurse had put her to bed ; and I, during a strong pain, felt the membranes pushing down large and full through the os externum. As the pain went off, and they were relaxed, I perceived the head was at the lower part of the pelvis. I had scarcely time to put on a nightgown when another pain returned, and the woman was immediately delivered of a small child.

From the easiness of the birth and the round form of the head, which was not at all compressed, I am inclined to believe, that though the child had been of an ordinary size it would have been saved.

The patient recovered much better and sooner after this than after her former delivery ; the jaundice vanished ; and in two months she was healthier and stronger than she had been for many years.

NUMB. 2.—*Tedious and difficult Labours from inflammatory or œdematous Swellings of the Pudenda, scirrhus Tumours, Polypus, or Callosity in the Vagina or Os Uteri.*

CASE 193.—*Primipara ; Œdema of Thighs and Labia ; natural Labour.*—In the year 1742, a woman, in the latter end of her first pregnancy, had œdematous swellings in her legs, thighs, and pudenda ; and being obliged to walk one day through the city, was very much fatigued, and in great pain. When I examined the parts, the swelling, which before was œdematous, seemed to have contracted an inflammatory hue ; the left leg and thigh were much more tumefied than those of the right side, and the skin was something of a livid colour. Twelve ounces of blood were immediately taken from her arm ; she was put to bed ; and in consequence of fomentations, in three days the pain and inflammation abated ; but the swelling of the pudenda still continuing, I prescribed an emollient cataplasm to be frequently renewed ; and from the first day she had taken two doses of gentle cooling physic. On the fifth day she was taken in labour ; and though the parts were still swelled, and stretched with great difficulty, she was at last safely delivered.

The poultice was still applied ; the swelling gradually subsided, and she recovered tolerably well.

CASE 194.—*Enormous swelling of Labia ; Puncture ; natural Delivery.*—In the course of the same year, I was called by a midwife to a woman at Chelsea, who was in labour. The labia pudendi were so excessively swelled that both patient and midwife believed the child could not possibly pass ; and the tumefaction was attended with such pain, that for three days she had been obliged to keep to

her bed, and lie on her back, without daring to alter that position.

When I examined her during a pain, I found the os uteri very little open; and thence concluding labour was but just beginning, I punctured the parts in several places with a lancet, a large quantity of serous fluid was discharged, the swelling subsided, and the labour proceeded in a slow manner until she was delivered.

Such cases have often occurred in my practice, and I never knew them attended with any bad consequence. For when the swelling is too great to permit the child to pass, it is commonly reduced by punctures; or when of the inflammatory kind, by bleeding, cataplasms, and fomentation.

CASE 195.—*Primipara; Polypoid Tumour growing from the Uterus; Delivery natural; subsequent removal of the Tumour.*—In the year 1744, a woman in labour of her first child, was attended by a midwife, who imagined she felt the child's head, though very small, in the vagina; but examining again after a few pains, she felt that substance pushed to one side of the pelvis, and the membranes and waters forced down at the other; these being broken and discharged, she found something like another head come down also. She being alarmed at this strange circumstance, recourse was had to a gentleman of the profession; who being also puzzled, made a pretence to leave her, and afterwards sent a message, desiring that another might be called, as he was indispensably engaged. But before any assistance could be procured, the woman was delivered by the labour-pains of a middle-sized child; and it was not till some months after that the substance was found to be a scirrhus tumour or excrescence of the polypus kind, adhering to the outside of the os uteri, which was afterwards taken off by ligature.

[This is a very interesting case, which makes one the more regret that its details are given so loosely. That the tumour was really a polypus is beyond question, and that it must have been of a tolerably large size seems probable enough from the midwife mistaking the tumour for a foetal head. Fortunately the child was below the average size, and the pains good ; otherwise the interference of art would have been required to terminate the labour.

It is useless to try and push up such a tumour as this ; it could only be thrust into the uterus—supposing its neck or pedicle was long enough—and when there it would still obstruct the descent of the head or interfere with the action of the uterus. If there be not room to extract (by turning or forceps) a living child, the excision of the tumour should be effected by means of the wire *écraseur* or the scissors.

A case very similar to the above, but not so successful in its termination, occurred to me in the year 1855, at the Lying-in Hospital (Dublin). The patient, a stout healthy woman, aged 29, was admitted in her fifth labour. Two of her children were boys, and all her labours had been easy. It was three years since the birth of her last child, and she had never suffered from menorrhagia or other symptom of uterine disease. For some time back, however, sexual intercourse had been attended with discomfort.

On examination the *os uteri* was found very high up, slightly dilated, and lying very forward, towards the pubes. A smooth, globular, tolerably firm tumour was detected in the upper and posterior part of the vagina. This tumour was distinctly traceable to the posterior lip of the uterus, from which it sprang by a short thick pedicle. Some hours later, the pains in the mean time having been moderate, I found the *os uteri* nearly fully opened, the membranes entire, and the head presenting, but quite above the pelvic brim. Considering that her only chance of a natural delivery depended on her having good strong pains, I let off the liquor amnii by rupturing the membranes. It was now 2 o'clock p.m. I was called away at this period, so that the ulterior management of the case fell into other hands. At 5 o'clock she got a stimulating enema as the pains had not become more active ; and at 6 o'clock she got a dose of ergot of rye, which was repeated in half an hour. The foetal heart at this time was quite audible. These measures produced a very notable increase in the strength and frequency of the pains, but though the head was pressed strongly

against the brim of the pelvis, it did not become fairly engaged in it, owing, apparently, to the obstruction caused by the presence of the tumour. During the pains the tumour seemed to enlarge and to bulge forwards. At 8 o'clock p.m. she began to vomit, and to complain of cramps in her legs; which symptoms awakened the apprehension that there was imminent danger of rupture of the uterus. Careful auscultatory examination now failed to detect the foetal pulsations. Under these circumstances it was deemed expedient to deliver her, which was accomplished by means of the perforator and crotchet. Much difficulty was experienced in bringing down the head past the tumour, but this once done its further extraction was easy. Her convalescence proceeded so well that she was able to return home on the ninth day.

About six weeks after this I had an opportunity of seeing and examining this woman, in the presence of Dr. Drummond, of Glasgow, and Dr. de Pascali, of Nice, who happened to be visiting the hospital at the time. The tumour seemed considerably higher up than it was during her labour, and occupied so completely the upper part of the vagina, that it was difficult to feel the uterine orifice or the anterior lip. The uterine sound passed in readily, and without any pain to the extent of four inches. She had menstruated regularly but rather profusely.

It is easy to pronounce judgment on the practice pursued in a case when its course and termination are known to us. I blame myself for letting the time when version could safely have been tried pass by; later in the labour, when it became apparent that the natural efforts could not urge the foetal head into the pelvis, the long doubled-curved forceps might have been tried with some prospect of success, before or after the extirpation of the tumour, which could have been accomplished in the way I have suggested, without any great difficulty.]

In some few cases, after severe labour, I have felt what I supposed to be hard cicatrices or callosities at the os uteri, vagina, and os externum, by which the delivery was retarded.

CASE 196.—*Tedious Labour from Cicatrices in the Vagina; natural Delivery.*—In the year 1750, my attendance was

bespoke to a woman, who had recovered with great difficulty after a former tedious labour.

When I examined, the os uteri was open to about the breadth of a crown, the membranes, with the waters, were pushed strongly down, and I felt uncommon hardnesses and strictures at the os uteri, in the vagina, and at the lower part of the os externum.

The nurse who formerly attended her, told me, that for some days after her last delivery, little fleshy substances were now and then discharged, of a blackish colour and bad smell; and that a long time elapsed before she recovered and was able to sit up.

The labour now proceeded very slowly, until the mouth of the womb was fully opened; and the membranes breaking, the contracted vagina was gradually stretched by the head of the child; for notwithstanding the callosities which still continued, the neighbouring parts yielded by degrees; and although it was long before the os externum was sufficiently dilated, at last the child was delivered.

I managed this case with great caution, because, from the imperfect accounts of her former labour, I supposed there had been a violent inflammation, and that the callous strictures were the consequence of a partial mortification, which had been separated and cast off by nature.

I kept her mostly in bed; and during every strong pain pressed my fingers against the head, so as to abate the force of the protrusion, and allow time for the relaxation of the strictures; by which means the labour succeeded beyond expectation.

[Cases like this of cicatricial bands in the vagina, the consequence of inflammation and sloughing in a former confinement, are now of comparatively rare occurrence, but I have met with a few of them in hospital practice; and very troublesome, anxious cases they are; for although when the vaginal canal is not much obliterated by the bands, nature will often effect the passage of the child, as in the

case before us ; yet where the strictures are high up in the vagina, or very extensive, there is considerable risk that the tearing of the band may involve the uterus or peritoneum—a complication I have myself witnessed.

The recognition of this morbid condition of the vagina is easy enough. The free portion of the cicatrix will sometimes present a thin, sharp, crescentic edge, which, if the band is not disposed to yield, may be divided with a bistoury ; and this operation I have sometimes performed with manifest advantage. Where these strictures are strong, and engage much of the circumference of the vagina, the induction of premature labour would be quite a justifiable proceeding ; and in one instance of this kind I did bring on labour with good results to the woman.

In Case 196 the nurse's report of what occurred after the woman's former labour is clearly a history of sloughing of the vagina. "The fleshy substances that were now and then discharged, of a blackish colour and bad smell," leave no doubt on this point. From Smellie's description of the state of the vagina it would appear that this canal had been the seat of extensive sloughing, for he felt "uncommon hardnesses and strictures at the os uteri, in the vagina, and at the lower part of the os externum."

Whether the cicatricial tissue can relax or yield in any degree seems questionable. I myself think it cannot, or only in a very slight degree ; and that some tearing of the band generally takes place, unless the healthy tissue can stretch to the required amount, necessary to furnish a passage to the foetus.]

NUMB. 3.—*Of the Detention of the Shoulders and Body of the Child, after the Head is delivered.*

CASE 197.—*Head born ; Shoulders delayed by coils of Funis round Neck.*—In the year 1725, I was called to a patient in labour, after the child's head was delivered, as the midwife could not extract the body, though she had pulled a long time with a good deal of force. I found the navel-string surrounding the neck ; and luckily hooking with my finger that part of it which was next the child's belly, it was so loose as to slip over the head ; I undid two

other circumvolutions in the same manner; and the child being disentangled, was immediately delivered.

I have, in many other cases, freed the child from the circumvolutions of the funis in the same manner; and was disposed to believe, that it was very seldom, if ever, necessary to cut and tie this rope before the delivery of the child until my opinion was altered by the two following instances.

CASE 198.—*Delivery of the Shoulders retarded by coils of Funis round Neck.*—In the year 1749, I was called in a great hurry to a woman, whose delivery was retarded by the same cause described in the foregoing case, and tried to disengage the child from the circumvolutions of the funis, though without effect. Then, without waiting to make a ligature in two places, as we are commonly directed to do, I insinuated my fingers between one of the turns and the child's neck, snipped the funis in two with my scissors, and delivered the body of the child, which was dead.

The face and neck were very much swelled, and in this last appeared a deep impression from the tightness of the circumvolution.

CASE 199.—*Shoulders delayed by Funis round Neck; Division of Cord.*—In the year 1751, I was concerned in another case of the same nature; and after having attempted, without success, to disengage the child by turning the funis over the head with my finger, I made a ligature in two places, between which I snipped it asunder.

The consequence of this operation was the immediate delivery of a strong lively child; another ligature was made near the abdomen, and the superfluity of the funis cut off.

In a few cases, I have found delivery retarded by the

shortness of the funis; but the child was always safely delivered, by turning the body along the breech of the mother.

CASE 200.—*Delay with Shoulders; Child dead born.*—In the year 1730, I received a sudden call to a gentlewoman in labour; the child's head had been delivered a long time, and the midwife had pulled with a great deal of force at intervals. But before I arrived, the patient was delivered of a dead child, whose shoulders were remarkably large. I have been called by midwives to many cases of this kind, in which the child was frequently lost.

CASE 201.—*Difficulty in Extraction of the Shoulders.*—In the year 1753, I attended in a labour that was rendered tedious by the large size of the body after the head was delivered. I attempted to bring down the shoulders in the gentlest manner, according to the directions in my treatise; but found I could not succeed without using such force as would overstrain the neck and destroy the child, for the shoulders were so high that I could not reach with my fingers to the arm-pits. I then introduced the blunt hook; but could not succeed, without running the risk of breaking the arm or overstraining the joint at the shoulder; and as the woman had strong pains, I resolved to wait their effect, without using any violence that might endanger the life of the child. Accordingly, in three pains, I brought the shoulder down to the os externum; then turning one of the arms into the hollow of the sacrum, the body followed, and the child was born alive. From this, and other cases, I have learned to wait the effect of the labour-pains, rather than to use violence in pulling at the neck.

CASE 202.—*Head expelled; Os contracted round Neck; Delivery and Death of Mother.* (Communicated in a letter

from Mr. A—, dated at E—, 1749.)—I have had lately another melancholy case in midwifery. I was sent for to a woman, aged forty, who had borne several children before. When I came, I found the frontal and parietal bones separated from the rest, and without the vagina, the brain being evacuated. I slipped up my fingers, and found the os tincae contracted about the neck of the child, and endeavoured to pull it away, but in vain. I then sent for Mr. D. and Mr. S.; neither of whom could come. I next sent for Mr. L., who came; and I desired him to see what he could do, as my fingers were numbed. He first got one hand into the uterus, and then slipped up the fingers of the other, and brought away the child. The woman's pulse before delivery was strong, and she had little flooding; but we had not been gone a quarter of an hour when we were sent for again. They told us, that immediately after we went away, which was about five minutes after delivery, she was seized with a shivering and vomiting, and had fainted. We found her in a swoon, and held spirits to her nose; but she could not swallow, and died in about half an hour after delivery.

Quere.—What was the cause of her death? Was it owing to the lypothymia, occasioned by pain or loss of blood, which, indeed, was not considerable? Or might it not be owing to a rupture of the internal orifice, which the vomiting seems to have indicated?

The Answer.—I really think you have had your share of bad and unsuccessful cases: but in all of them, especially the last, you acted with prudence in sending for others of the profession.

In cases where the head is delivered, and the shoulders are so large, or the lower part of the uterus is so contracted, that the body cannot be brought away by pulling with moderate force; if the woman's pains have not entirely left her, or she is not in a dying condition from floodings or

other symptoms, the best method is to wait for the effect of the labour-pains; for I have lately been concerned in the case of a weak woman, where the body of a live child was delivered half an hour after the head was without the os externum.

Now, as your patient was not weak, I think you might have waited and amused her with medicines. Or if she had turned weak, and nature seemed insufficient, you might have pushed up your hand, and after having stretched the contracted part, tried to deliver the child; if this method had failed, recourse might have been had to the crotchet, as the child was already dead. This being fixed upon the body, would, by dilating (i.e., *opening*), the thorax or costæ, have diminished the bulk, and brought down one shoulder a great way before the other.

I cannot pretend to ascertain the cause of the woman's death.

[Smellie's criticism on the management of the foregoing case is candid and judicious. He praises Mr. A— for calling in a second practitioner, but thinks they were hasty in resorting to the introduction of the hand; and in this censure I entirely concur; nay, more, I would be disposed to ascribe the woman's death to some extensive rupture of the uterus caused by the hand of the operator thrust forcibly through the mouth of the womb, at a time when the body of the child was already engaged in it. The fatal symptoms came on very soon—in fact, almost immediately after delivery.

The conduct of these gentlemen in one particular, not noticed by Smellie, was open to severe reprehension, viz. their leaving the patient “about five minutes after delivery.” It has been for many years an invariable rule with me never to leave a patient within an hour after delivery, even where every stage of the labour has proceeded most naturally; and I have often had cause to be thankful for so doing. Other practitioners I have known, who were not so particular, and sometimes their anxiety to be released from an attendance has involved danger to the patient, and obliged the doctor to be hastily recalled to her bedside.]

I have been concerned in several cases, where, though the os internum was tore, the patient has recovered without vomiting or any other bad symptoms ; and have known other women die, as it were instantaneously, after delivery, though I always imputed such sudden death to their being exhausted by long labour, the sudden emptying of their vessels, and a greater loss of blood than their constitution could bear.

[The allusion here to the occasional tearing of the os uteri without any ill consequences is repeated in his observations upon Case 396 and upon Case 441 (to which I have adverted in my notes on this subject at p. 222 of Vol. I). But the fact that in the case before us the os was fully dilated makes a very important difference between it and them, as any tear taking place after the full dilatation of the mouth of the womb must involve the peritoneum, if it extends beyond the mere thickness of the parietal stratum of muscular tissue, which is very inconsiderable in the cervical region of the uterus.

None of the circumstances mentioned by Smellie as being capable of causing sudden decease after delivery were in operation here. The patient was not exhausted by lengthened labour, nor was there any flooding.]

COLLECTION XXII.

OF CHILDREN SUPPOSED TO BE DEAD-BORN; OF THE HEAD SQUEEZED INTO DIFFERENT FORMS; OF THE FUNIS NOT SUFFICIENTLY TIED, BROKE SHORT, OR SEPARATED IN A WRONG PLACE.

NUMB. I.—*Of Children supposed to be Dead-born.*

CASE 203.—*A Child recovered after being put aside as dead.*—In the year 1757, I was called by a midwife to a woman in labour in the seventh month, who, before I arrived, had flooded a good deal, though the hæmorrhagy was stopped.

The patient was soon delivered of a child, to all appearance dead; and, after the midwife had tried the common methods of rubbing the temples and breast with brandy, whipping and holding onion to the mouth and nose, it was laid by in a closet. About five minutes were consumed in these experiments, and in two or three minutes more, while I was prescribing some medicines to recruit the weak patient, I heard a kind of whimpering noise in the closet. Not knowing where the child was laid, I asked if there was a kitten confined in that place. The nurse immediately ran into the closet, and brought out the child, which was alive, and afterwards reared, though with great difficulty.

[A stillborn child should never be considered past resuscitation as long as any pulsation, however faint, can be detected by means of auscultation in the heart. On the other hand, a very extended ob-

servation does not furnish me with more than one, or at most two, instances where infants were reanimated in whom no cardiac pulsation was perceptible at birth. Of course it by no means follows that the persistence of the action of the heart will ensure the success of our exertions to restore animation ; but it affords strong encouragement to persevere in those efforts.]

CASE 204.—*Arm and Funis Presentation ; Version ; Child still-born, but resuscitated.*—In the year 1749, I attended a woman in labour, and the navel-string presenting with the arm, I delivered the child by the feet. From the pulsation in the arteries of the funis, I knew it was alive ; but I found great difficulty in delivering the head, and was obliged to rest several times before I could effect it ; so that the pulsation ceased, and the child seemed to be dead, after all the common efforts were used for its recovery.

Nevertheless I inflated the lungs, by blowing into the mouth through a female catheter, and the child gave one gasp ; upon which I repeated the inflation at several intervals, until the child began to breathe ; and it actually recovered.

NUMB. 2.—*Of the Child's Head squeezed into different forms.*

CASE 205.—*Head much elongated at Birth.*—In the year 1750, I attended a woman who had before been subject to lingering labours, occasioned by the small size of her pelvis ; at this time, however, the delivery was pretty quick, because the child was small, and the bones of the cranium easily yielded and rode one another. But the head being squeezed to a great length from the face to the vertex, I pressed the palms of my hands against these parts, and with great ease brought it to a better form.

CASE 206.—*Head much elongated.*—In the course of the same year, I attended a woman who had a large and well-shaped pelvis, and had formerly been favoured with very quick labours ; but on this occasion, the child being large and the mother weak, the delivery was tedious ; and though the child's head was compressed into a longitudinal form, I easily reduced it into the natural shape.

In all cases where the head was thus squeezed, I have been able to alter the form by a gentle pressure between my hands ; unless it had been compressed for many hours by being retained in the pelvis, and then I have found it impossible to make an effectual alteration.

[It is, I know, a practice with non-professional persons and with some ignorant midwives to try and effect the restoration of the shape of the foetal head when deformed by hard labour, much in the manner here described by our author, viz. “by gentle pressure between the hands.” But, apart from the consideration that the manipulations in question would be a very different thing in *his* hands and theirs, I have always discountenanced any such attempts to alter the shape of the head, however disfigured by compression at birth. If the deformity arose from scalp tumour—which could rarely be diagnosed by the ignorant—the manipulations in question would be most hurtful, and in nearly all other cases the head spontaneously regains its proper shape in the course of a few days.]

NUMB. 3.—*Of the Funis not sufficiently tied, broken short, or separated in a wrong place.*

CASE 207.—*Hæmorrhage from the Funis after ligature.*—In the year 1726, I delivered a woman whose case was preternatural. Though the navel-string was thicker than usual, I thought I had tied it sufficiently ; and the child being laid by the fire, continued in that situation a good while before it was dressed, because the attention of myself and the attendants was engrossed by the mother, who was extremely weak and low. After she was recovered and laid properly in bed, I went towards the child, and

was very much surprised to see so much blood lost, and to observe it still flowing from the funis. I no sooner discovered this, than I made another ligature on the outside of the former; and, pulling it very tight, the discharge lessened, though it did not entirely cease until I had made a third. The child, which seemed to be healthy and florid when first born, was exhausted by this hæmorrhagy, and continued weak and pale for several days, until it was recovered by sucking the mother.

Thick navel-strings require very firm ligatures, and a good portion of them ought to be left in the separation.

[The funis should be examined from time to time soon after birth, lest the child might lose any blood from it.]

CASE 208.—*Funis broken off close to Child's Body.*—In the year 1744, having delivered a woman whose case was laborious, I desired one of the assistants to hold the child before the funis was cut or tied, until I should move the woman a little further into the bed, that she might not run the risk of catching cold.

The assistant, who received it in a hurry and trepidation, pulled away so suddenly, as to break the funis short from the belly; when the midwife, perceiving the child bleed excessively, took hold of the part, and pressed it firmly between her fingers and thumb.

I had just room enough to make a ligature, and was obliged to take a stitch with a needle, in order to secure it from slipping.

[The question has been sometimes asked—and it is not without interest—Where would the umbilical cord give way if forcibly stretched throughout its entire length? On two or three occasions where women were delivered in a standing posture I have known the cord to break under the weight and sudden prolapse of the child; and the point where the solution of continuity took place was within four or five inches of the umbilicus, not so near as in the case above recorded by Smellie.]

CASE 209.—*Funis cut at wrong side of ligature ; Hæmorrhage consequent thereon.*—In the year 1745, after having delivered a patient of a small and weakly child, I tied and cut the navel-string, and put the child into the hands of a woman who pretended to great skill and experience, and had come thither to superintend my conduct. I no sooner laid hold on the funis, than feeling the ligature upon it, I was convinced that I had separated the rope between it and the child's belly, and was not a little disturbed, as I had to deal with a sensorious matron. However, I recollected myself in an instant, and desired to see the child, that I might know whether or not the navel-string had bled sufficiently, for by such a discharge I had often prevented convulsions in children. I immediately perceived the blood springing out from the arteries with great force, and before I could make a proper ligature, the child had lost three or four ounces ; by which evacuation it continued several days in a very weak condition. Indeed, when the child is large, and the head has long been compressed in the pelvis, I have imagined, that by tying the ligature slightly at first, so as to let the funis discharge two or three spoonfuls, convulsions have been prevented ; but this was a small child, that passed easily, and could not well bear such an evacuation.

Nevertheless, my mistake turned to my advantage with the knowing lady, who was very loud in my praise for having found out such an effectual and extraordinary method of preventing convulsions in children.

[Our author was evidently well pleased at his conduct on this occasion, and, indeed, we cannot withhold our admiration of his self-possession and ready wit, whereby a negligence on his part was made to appear an intentional act of wise foresight. Where a medical man is not naturally endowed with this sort of collectedness, he should by all means study to acquire it. Its possession will be often needed in the course of practice, and will sometimes supply the place of direct medical knowledge.]

COLLECTION XXIII.

OF CASES IN WHICH THE PLACENTA WAS WITH DIFFICULTY DELIVERED.

CASE 210.—*Premature Labour; partial removal of Placenta; fatal Hæmorrhage.*—In the year 1725, I was called to a woman in labour in the seventh month, who flooded violently, and delivered her safely of the child; but as the placenta did not follow, I introduced my hand, and felt some parts of it hard and scirrhus, which I separated with great difficulty. The flooding, which had stopped, now returned; and the patient in a little time fell into fainting fits, and expired.

CASE 211.—*Delivery in sixth month; partial removal of Placenta; expulsion of the rest.*—In the year 1744, I was called to deliver the placenta in a woman who had miscarried in the sixth month. Finding it a case of the same nature as that described above, I resolved to act with greater caution; and extracted those parts only that separated with ease, leaving such as strongly adhered, to come away of themselves.

I told the midwife my reasons for acting in this manner, and prognosticated that what remained would be expelled in two or three days, and pass for common clots or coagula. This accordingly happened, without any bad consequences to the patient.

[Where we find the placenta to be morbidly adherent, as no doubt it was in the foregoing case, it is less dangerous to leave behind.

those portions which cannot be "separated with ease" than to prolong the operation, and, perhaps, endanger the integrity of the uterus by our attempts at detaching them. I am sure that, under such circumstances, I have sometimes left fragments of the cake adhering to the uterus and yet no bad consequences ensued. In Case 217 Smellie pursued the same course, and in Case 218 all the membranes were left in utero, yet in each case the retained matters were safely discharged in the course of a few days.]

CASE 212.—*Encysted Placenta; Extraction eleven hours after Delivery.*—In the course of the same year, about seven in the evening, I, at the desire of a physician, visited a poor woman, who had been delivered at eight in the morning; but, as the midwife had broken the funis in pulling, the placenta still remained, to the great terror of the patient and her friends. Imagining that a good deal of force would be required to extract it, I ordered the woman to be laid supine across the bed, with her breech to the side, and her legs raised up and supported by two assistants. Then anointing my hand, and introducing it into the vagina, I gradually dilated the os internum; but found the lower part of the uterus so strongly contracted, that I at first despaired of making further progress; and the force I exerted was so great, and my hand went up so high, that I was apprehensive of tearing the uterus from the vagina. Feeling the womb roll about, under the relaxed parietes of the abdomen, I pressed one hand on the outside, to keep it down and prevent its motion, while I proceeded slowly, pushing up and stretching by intervals, with my fingers in the form of a cone. By these means, I gradually dilated the parts, though I was obliged to change hands several times, because my fingers were cramped; and at length, with great difficulty, I reached the fundus, where the placenta had been so strongly confined. Having gained my point thus far, I easily separated, and brought it gently along.

CASE 213.—*Encysted Placenta; Manual extraction.*—In the year 1729, immediately after delivery in a laborious case, I introduced my hand to bring down the placenta, and it passed up, as I imagined, into the lower part of the uterus; pushing up farther along the navel-string, my fingers slipped into a contracted part, and the placenta felt as if it had been contained in a separate cavity from the uterus. As I pushed up, in order to dilate the contracted part, it rose up higher and higher, moving from side to side, under the relaxed parietes of the abdomen, until, by applying my other hand on the outside, I pressed down the fundus, and kept it steady. Then I gradually dilated; and insinuating my hand into the part where the placenta was confined, I felt it lying loose and detached from the fundus, seemingly retained by this contraction only; so that it was easily extracted.

From this and several other cases of the same kind, I was disposed to believe Dr. Simpson's theory concerning the contraction of the upper part of the neck of the uterus, until I found, in a great number of instances, the whole lower part of the uterus contracted, as described in the third case.

CASE 214.—*Morbid adhesion of Placenta low in Uterus; Manual separation and extraction.*—In the year 1745, I found, after delivery, the edge of the placenta at the inside of the os uteri, and waited some time to see if it would come away of itself; but the midwife informing me that it had continued in the same situation for a considerable time before I was called, and that she had tried the common methods of pulling at the funis, and directing the patient to bear down, I introduced my right hand into the vagina, as the woman lay on her left side, and pushing up along the navel-string, found the placenta adhering to the back part of the uterus. Then grasping it with my whole hand, I attempted to separate by squeezing; this expedient

failing, I attempted to part the upper edge with my fingers, but it adhered firmly at that part; and my hand being much confined, I withdrew it, and introduced the left with the back to the sacrum. I now gradually separated the lower edge of the placenta from the inferior and posterior part of the uterus; and finding it adhere firmer as I reached farther up, I pressed my fingers with greater force against these parts, which felt callous, and by degrees disengaged them from the uterus. By this time, imagining I had separated the whole placenta, I attempted to bring it along, by pulling at its lower part as well as at the funis; but these efforts proving ineffectual, I pushed up again, and made a total separation; after which I brought it away in a very ragged condition; but the woman complained of a good deal of pain, lost an uncommon quantity of blood, and continued weak for a long time.

I have often thought that this hurrying method was unnecessary, and productive of many complaints to the patient; for in many cases that have since occurred in my practice, the placenta, when the edge of it was found at the mouth of the womb, has come down of itself at leisure; the woman has lost less blood, and recovered better, than where force has been used to extract it immediately.

[I am somewhat at a loss to understand why our author should describe the course he pursued in the above case as a "hurrying method," when the woman was a considerable time delivered before he interfered. The placenta was closely adherent to the uterus, and its manual extraction was plainly indicated. I can well understand that if the placenta were detached and lying so low that its edge could "be found at the mouth of the womb," it might "come down of itself at leisure," and it is probably to such cases he intended his remarks to apply. When the placenta is so low down as this, and at the same time separated from the womb, its removal can almost always be effected by "the Dublin method" (described at page 236 of Vol. I), whereby the introduction of the hand into the uterus is obviated.]

CASE 215.—*Encysted Placenta high up ; Manual extraction.*—In the year 1747, I was called to a woman who had been delivered several hours. The midwife told me she had at first tried gentle methods to bring down the placenta, but to no purpose ; and afterwards introducing her hand along the navel-string, could not find it.

I insinuated my hand as she lay on her left side, and found the placenta contained, as it were, in a distinct cavity at the upper part and left side of the uterus ; but as the patient moved from me, and could not be kept steady, and the uterus rolled about as I endeavoured to dilate the contracted parts, I put her in the position described in the third case (212), and extracted the placenta in the same manner.

The appearance herewas different from any I had formerly felt ; there was a pretty large space for the hand in the uterus, and the placenta felt as if it had been contained in a separate cavity on one side, the entry of which would at first scarce admit two or three of my fingers.

I understood from the midwife, that the membranes had broken before delivery ; that the woman was very big, and a large quantity of water had been discharged. This sudden evacuation, in all probability, was the cause of the womb's contracting itself into such a cavity around the placenta.

CASE 216.—*Manual extraction of Placenta ; the Funis torn away.*—In the same year, I was called to a woman in labour ; and finding her belly pendulous, I ordered her to be laid on her back, with her shoulders low, and her breech raised. The child's head being small, she was soon delivered, and I desired the midwife to let the placenta come slowly away. Nevertheless, as it was not immediately expelled, and she was loth to lose the credit of the operation, she pulled with such force as broke the funis

close to the placenta, and afterwards introduced her hand to separate, though without success. I was then called from the next room to her assistance; and being informed of the accident, took the opportunity of the patient's being still in the proper position, to introduce my right hand into the uterus, to the fore part of which I found the placenta adhering; but it was so much forwards, that I could not separate while she remained in that position; I therefore turned her on her left side, so as that my hand could reach farther forward, and effected the separation.

[In manual extraction of the placenta after the funis has been torn away, the young practitioner should proceed with the utmost caution and deliberation.]

CASE 217.—*Retention of a portion of Placenta and its subsequent expulsion.*—In the year 1750, after having delivered a woman of a dead child, I found the placenta gradually descended into the vagina; and imagining it was fully disengaged from the uterus, I helped it along, by pulling gently at its under edge and at the navel-string. However, it was so tender, from being mortified, that some part of it was left behind; but feeling the os uteri closely contracted, and the womb itself reduced to the size of a small child's head, I thought it was a pity to give the woman fresh pain by dilating the parts; and the fragments were discharged in three days, without any other inconvenience to the woman than the bad colour and smell of the lochia, which gave no uneasiness or alarm, because I apprised the nurse of what would happen.

CASE 218.—*The Membranes left behind and subsequently discharged.*—In the year 1752, I delivered the wife of a gentleman who had formerly attended my lectures. The placenta was expelled by the labour-pains, so that I did nothing but help it through the os externum; but the

membranes were tore all round from the edge of it, and detained in the uterus, which was contracted as in the former case.

The gentleman agreed with me that it was more prudent to let them come away of themselves, than to run the risk of hurting and inflaming the womb ; and they were accordingly discharged in four or five days, without the least inconvenience to the patient.

Vide Ruysch, tom. 3, Dec. 2, p. 30.

And Mr. Portal, Obs. XVI, relating to the os internum, tore by its being mistaken for the placenta.

CASE 219.—*Adherent Placenta extracted some hours after Delivery ; Convulsions ; Death.* (Communicated in a letter from Mr.—, dated 1746.)—About nine in the evening, he was sent for to a woman who had been delivered of a live child that morning, but the placenta remained ; and he found her in strong hysteric or convulsion fits, which recurred almost without intermission. The placenta adhered so firmly to the uterus, that with great difficulty he separated part of it, and what came away was brought off in several pieces ; but the woman died in a few minutes after the operation.

These are only a few from the many cases of this kind in which I have been concerned.

[The recurrence of morbid adhesion of the placenta in successive pregnancies has been noticed by many writers upon midwifery, and several cases of the kind have come under my notice. At this present moment I am attending a lady in her eighth confinement, who had on *five* occasions to undergo manual extraction of the after-birth. On two of these she was attended by Dr. Tagert, of Carrickmacross, and on three other occasions I was the operator. The last of these took place only a few days ago. As there was no hæmorrhage I waited for fifty minutes, in hopes that nature, aided by compression of the uterus and moderate traction of the cord, might bring away the cake ; but these quite failing, I passed up the left hand

and found the placenta everywhere adherent anteriorly. It was so friable that I actually had to introduce my hand twice to get away broken fragments. In this and the two other confinements I gave chloroform before passing up the hand. The operation is such a painful one, and the efforts of the operator may be so thwarted by the resistance of the patient, that the chloroform is most serviceable. Its administration, however, in cases where the removal of the after-birth is called for on account of profuse hæmorrhage, may not be advisable. In cases of encysted placenta, where the cervix uteri has contracted around the funis, the administration of chloroform is, I consider, specially indicated.]

When I lived in the country, I was seldom called to deliver women, except in laborious and preternatural cases; and then the woman was generally so weak and fatigued, that I was afraid of waiting; and therefore extracted the placenta soon after the child was born; but if the patient was not in danger, I commonly left that office to the midwife, whose method was to proceed with patience and caution, bringing it away, by pulling gently at the funis, directing the patient to force down, or provoke her to puke by tickling her throat with a feather.

When I settled in London, I found the practice in this particular quite different; the women were always in a fright when the placenta was not immediately delivered, when it was in the least lacerated, or when any part of it and the membranes were retained. For this reason, male practitioners were so often called; and they, from mistaken notions adopted from former writers, never failed to blame the midwives for having neglected so long to deliver the placenta, observing, that if they had been called at first, before the uterus was contracted, they could have easily prevented the bad consequences which were likely to ensue. Such insinuations alarmed the women; and, in order to avoid these reproaches for the future, the midwives did not wait as formerly, but hurried off the placenta immediately after the child. But this practice did not

answer their aim : for if the placenta was torn, or any part of it, or the membranes retained, and the patient chanced to be seized with a fever, perhaps from a different cause, so as not to recover in the usual way, it was always imputed to the retention of these portions, and the midwife blamed accordingly:

I have been often amazed at the ridiculous and superstitious observations of practitioners with regard to the knots upon the funis, scirrhus appearances, and the different shape or figure of the placenta, which was often kept nine days in water, and the circumstances of the woman's recovery predicted from its colour.

I at first swam with the stream of general practice ; till finding, by repeated observation, that violence ought not to be done to nature, which slowly separates and squeezes down the placenta by the gradual contraction of the uterus ; and having occasion to perceive, in several instances, that the womb was as strongly contracted immediately after the delivery of the child, as I have found it several hours after delivery ; I resolved to change my method, and act with less precipitation, in extracting the placenta. What helped to determine me upon this occasion, was a case in which the woman was so weak, that I durst not venture to separate, though I waited three hours, without finding the placenta at the os uteri ; nevertheless, when she recovered a little, a few after-pains came on, and forced it down to the vagina.

Soon after this occurrence, in consulting Ruysch about everything he had writ concerning women, I found him exclaiming against the premature extraction of the placenta. His authority confirmed the opinion I had already adopted, and induced me to choose a more natural way of proceeding. Either before or after I have separated the funis and given away the child, I introduce my finger into the vagina, to feel if the placenta is at the os uteri ; and if

this be the case, I am sure it will come down of itself at any rate. I wait some time, and commonly in ten, fifteen, or twenty minutes, the woman begins to be seized with some after-pains, which gradually separate and force it along. By pulling gently at the funis, it descends into the vagina, then taking hold of it, I bring it through the os externum. But if, after having waited a considerable time without feeling any part of the placenta, or perceiving any natural efforts for its expulsion, I provoke the woman to retch ; and if this expedient is not attended with success, I insinuate my hand gently, and deliver the cake ; observing always a medium between the two extremes of practice, namely, that of delivering too soon, and that of waiting too long for its expulsion. But it must be observed, that in laborious or preternatural cases, when the woman is in danger, I commonly assist sooner.

[This is a most candid and interesting review of the fluctuations in his views regarding the management of the third stage of labour. Of the two extremes of practice noticed by Smellie probably the less dangerous was that of Ruysch and of William Hunter, viz. leaving the expulsion of the cake wholly and entirely to nature ; but although "less dangerous," still this course was very objectionable. Smellie wisely adopted an intermediate plan, "observing always a medium between the two extremes of practice," as he expresses it ; but he abstains from laying down any rule of time in this matter, or fixing the limit beyond which we should not wait for the natural expulsion of the placenta, and in so doing he shows sound wisdom, for to any such rule it is obvious the exceptions must be very numerous, and a blind adherence to the rule would oftentimes lead to very bad practice.]

COLLECTION XXIV.

OF LABORIOUS CASES, WHEN THE VERTEX PRESENTS, AND THE CHILD'S HEAD IS LOW IN THE PELVIS, AND DELIVERED WITH THE FILLET.

CASE 220.—*Primipara ; delay in Second Stage ; frequent recession of Head ; Fillet.*—In the year 1730, I was in the morning called to a woman in her first pregnancy, who had been long in labour, and very much fatigued by the officiousness of the midwife. I found the child's head at the lower part of the pelvis, where, as the midwife told me, it had remained from eight o'clock of the preceding night, though she had tried all the different positions ; and I understood that the waters had been draining off for twenty-four hours.

Having lost some children in cases of the same nature, by turning, and others by being obliged to deliver with the crotchet, after having tried Mauriceau's fillet without success, I resolved to form a fillet into a noose, and endeavoured to fix it round the upper part of the head with my fingers, hoping that I should succeed in this case, because I found the head was small by moving my fingers easily around it. Yet, before I would attempt this method, I prescribed ten drops of liquid laudanum, by which she procured some sleep. Her strength being recruited, the pains returned, though weakly, and the head was forced down a little by each, though it afterwards recoiled to its former situation ; a circumstance which I at first imputed to circumvolutions of the funis, or the contraction of the

os uteri round the neck of the child. The os externum having been sufficiently opened by the midwife, I tried to slide up the noose mounted on my fingers, along the side of the head; and, after many unsuccessful efforts, at length fixed it; then I pulled gently with one hand during every pain, while I pressed with the fingers of the other, at the opposite side; and thus pulling and moving from side to side, I made shift to deliver, though not without having used a good deal of force; and the hairy scalp was pretty much galled, but not so as to endanger the life of the child.

When I introduced the noose, I was certified that the difficulty did not proceed from the contraction of the os uteri round the neck, by feeling the os tinæ at the middle of the head; and when the child was delivered, the funis was not circumvolutèd round the neck, so that I could not find out the cause that retarded the labour; I continued several years in this uncertainty, until I discovered that, in many cases, this obstruction proceeds from the contraction of the lower part of the uterus before the shoulders, or from the retention of these upon the pubes.

CASE 221.—*Tedious Labour; delivered with Fillet.*—In the year 1733, I was concerned in a case of the same nature, and found the woman much weakened by frequent discharges of blood. I delivered her, in the manner described in the former case, of a child that had been dead for some days; though I was obliged to exert greater force, because the head was larger, by which means the scalp was more galled, and part of it torn from the cranium.

CASE 222.—*Delivery by the Fillet; Head high up in Pelvis.*—In the year 1737, I tried to use the fillet upon a child which was higher in the pelvis, but could not fix it until I pushed the head above the brim; then my hand

having more room, I accomplished my aim, and succeeded better in this than in the former instance ; for the hairy scalp was not so much galled, because the woman had stronger pains to assist the expulsion.

I tried the fillet in several other cases, without success ; and was obliged to deliver with the crotchet, because the children were large. In the three cases I have related, the head being small, I attempted to turn and bring the child by the feet ; but was prevented by the strong contraction of the uterus ; and I am now certain, that had I then known how to use the forceps, I could have delivered with great ease, not only in these, but in several other cases where I failed with the fillet.

[From the dates of the three foregoing cases we know that Smellie, at the time of their occurrence, was still ignorant of the use of the midwifery forceps. His condemnation of the fillet did not, therefore, arise from any overweening partiality for the forceps ; on the contrary, we must look upon it as his honest and deliberate judgment, arrived at after repeatedly testing its practical utility. Besides the above cases we find mention of its employment in Cases 184, 236, and 243. For his general remarks on the use of the fillet see Vol. I, page 254.]

COLLECTION XXV.

OF LABORIOUS CASES, WHEN THE HEAD OF THE CHILD IS
LOW IN THE PELVIS, AND DELIVERED WITH THE
FORCEPS.

(*Vide* Vol. I, page 266, Tabs. XVII, XVIII, and XIX.)

NUMB. 1.—*From Bodily Weakness.*

CASE 223.—*Primipara ; extreme Debility ; lingering Labour ; Twins ; Forceps.*—In April, 1747, being called in the evening to one of the poor women who admitted my pupils, I found her in labour of her third or fourth child, and reduced to extreme weakness by long fasting, as she had not been able to go abroad for several days to beg in the streets. I immediately supplied her with some caudle, bread, and broth ; but her stomach was so weak, that it could retain but very little ; for, though I desired she should take it at first by cupfuls, she was so greedy of nourishment that she swallowed too much at once. However, she was afterwards restrained from doing herself an injury, and her stomach kept enough to recruit her strength, in some measure. I found the os uteri largely open, and the membranes broken, and the head at the upper part of the pelvis. I left one of the eldest pupils to manage the labour, advising him to persist in giving her nourishment, at proper times and in small quantity, and to let her lie mostly in bed, that she might enjoy some sleep and refreshment.

Indeed, when we first arrived, all of us were of opinion that she would expire; but in two hours I found her pulse raised, and her strength recruited, though she was still weak, and her pains seldom recurred. Thus she continued all night, sleeping between the pains; and when I called in the morning, I found the child's head advanced lower in the pelvis. I could then distinguish, with my finger, the ear at the pubes; and by the fore part of it I discovered that the forehead was to the left side of the brim of the pelvis, and the occiput down at the lower part of the right ischium. I likewise perceived that the head was not large, because I could easily introduce my finger all round the lower part of it; and I felt the lambdoidal suture crossing the end of the sagittal on the right, and the fontanel higher up on the left side.

I left her again, after having desired the pupil to proceed in the same cautious manner, hoping that, as the patient was much recruited, the pains would grow stronger, and deliver the child.

Being called in the evening, and understanding that the pains were still weak, and the gossips uneasy (!), I examined in time of a pain, and found the head was lower, with the left ear turned to the left groin of the mother, the vertex pushed out in the perineum and parts adjacent, in form of a tumour, and nothing retarded delivery but the weakness of the pains.

I waited an hour longer, encouraging the woman and her friends to exert their patience; but finding that, after she had undergone several pains, the head did not advance, and that I could easily assist the labour, I placed her in the position chosen for lithotomy, and gently dilated the os externum with my fingers during every pain. When one was going off, I slipped up the fingers of my right hand to the os uteri, on the left side of the vagina, introduced one

blade of the forceps between them and the head, turning the blade upwards towards the woman's groin, over the child's ear, holding it in an imaginary line with the scrobiculus cordis; then withdrawing my right hand, with which I took hold of the handle, I introduced the fingers of my left on the opposite side, but more backwards to the space betwixt the sacrum and ischium, where the other ear was situated, within the os uteri; and pressing the head against the blade that was introduced, so as to keep it in its place, I with my right hand insinuated the other blade in the same manner on the right side of the vagina. Having secured and locked them together, I waited for a pain, and then pulled gently; by which means the head advanced slowly and gradually. This operation I repeated during every pain; the os externum was gradually dilated, the child's forehead turned into the lower and back part of the pelvis, and the vertex came out below the os pubis. By this time the tumour occasioned by the distention of the external parts was become much larger, the perineum was extended near three inches, the fundament stretched to two, and the parts between this and the coccyx much enlarged. The occiput coming out from below the os pubis, so as that I could, with my finger, feel the back part of the child's neck, I stood up, turned up the handles of the forceps, and gently moved from blade to blade, while at the same time I pressed the flat part of my hand upon the perineum, to prevent its being lacerated. Thus I continued pulling upwards, by intervals, until the head was safely delivered; then taking off the forceps, the body was easily extracted.

While I was employed in tying the funis, some of the pupils observed, through the thin covering, that the woman's abdomen was still very big; and on examining in the vagina, I felt the membranes and waters of another child, which I brought by the feet, after the patient had

taken some wine and water, and recovered of the fatigue of the first delivery.

I used the forceps in this case, as a pair of artificial hands, to assist the delivery, because the pains were too weak to expel the child.

CASE 224.—*Primipara; extreme Debility from Ague and Want; Forceps; Twins.*—In that same year, I and my pupils attended another woman in labour of her first child, who was reduced to a very weak and low condition, by a tertian ague and extreme poverty. I was obliged to assist with the forceps, in the same manner as in the foregoing case; but the head was not so soon delivered, because the parts were more rigid. One of my female pupils first observed that the abdomen was very large after delivery; and I found there was a second child, which was likewise brought by the feet.

CASE 225.—*Primipara; Hæmorrhage; Rupture of Membranes; Delivery by Forceps.*—In the year 1749, I was called to a woman who was taken in labour of her first child, and reduced to a very low state by violent floodings, with which she was seized in the beginning of labour. According to the midwife's report, I found the mouth of the womb open and backwards, and the waters were not yet discharged. As the patient lost blood very fast, I introduced a finger into the os internum, and brought it forwards towards the pubes, and this irritation produced a pain which pushed down the waters and membranes; these I tried to break, but not succeeding, I with two fingers pulled forward the os uteri a second time; and another pain ensuing, I slipped the point of my scissors between them, and as the child's head lay at a distance, easily snipt the membranes. The waters were immediately discharged in great quantity; and as the head

came lower and locked up the parts, the flooding diminished, and in a little time entirely ceased. I then directed the woman to take a little broth frequently, and some wine and water, or caudle, until the broth could be made, and desired the attendants to give her two spoonfuls of the following mixture every now and then as a cordial :

R *Aq. Cinnamom. Simp.* ʒv. *Tinct. Thebaic.* gut. x.
Syr. e Meconio ʒij. *M.*

Her pulse being low, the pains ceased for a considerable time; but by degrees she recovered from the extreme languor occasioned by loss of blood. As the discharge was stopped, I exhorted the women to wait patiently for the efforts of nature, and ordered the midwife to keep her quiet, and continue to administer the broth by little and little, as her stomach could bear it, until the loss of blood should, in some measure, be supplied. At the same time, as she was inclined to doze, I desired that she might have no more of the cordial. These directions I left in the evening; and I was called again at six next morning, when the midwife told me the pains had returned soon after I left the patient, but were so weak, that although the child's head was come low down, it could not be delivered without assistance. Upon examination, I found the vertex at the os externum, and the back part of the neck at the pubes. The patient, though much recruited, being still weak and the pains languid, I directed the midwife to proceed in supporting her with the broth, and prescribed a cordial mixture, without any opiate, to amuse the woman and her friends.

I received another call at twelve, when I found things in the same condition; the pains being so feeble, that although the vertex was at the os externum, they had not force sufficient to propel it; I therefore began to dilate the os externum gradually during every pain, and moving her

breech to the side of the bed, though, in consideration of her weakness, I let her lie on her left side. I introduced the blades of the forceps, one after another, at each side, between the sacrum and ischium, moving them forwards over the ears of the child; and although I could not reach the os uteri with my fingers, yet they passed without much difficulty. When they were exactly opposite to each other, and in a line with the scrobiculus cordis, I managed them as in the two former cases, and delivered the head slowly.

CASE 226.—*Primipara; tedious Labour from Mismanagement; Forceps.*—On the third day of July, 1750, I received a message from a midwife, desiring me to prescribe some medicines to quicken the labour-pains in a woman whom she attended. As I was then engaged, and would not prescribe without being more fully informed of the patient's condition, I sent one of my elder pupils to receive a more perfect account from the midwife herself; who told him, that the poor woman had been three days in labour; but would not allow him to examine, though she earnestly requested my assistance.

As soon as I was disengaged, I accompanied him to the place, where I found this loquacious midwife extremely ignorant, without the least tincture of knowledge in her profession. When called to the patient, whose pains were just beginning in this her first labour, she had walked her about and fatigued her so much, that she was quite exhausted, and the pains had entirely ceased. She said she had done all that lay in her power to make room for the child, and that her fingers were swelled and painful with stretching the birth; but she could not inform me how long the waters had been discharged. Finding, upon examination, the head at the lower part of the pelvis, and the hairy scalp of the child, as well as the os externum of the

mother, very much swelled, I ordered her to be put to bed, prescribed an anodyne mixture of *Aq. Fontan.* ℥v. *Tinct. Thebaic.* gut. xx. sweetened with sugar, directed her to take two spoonfuls every half hour, in order to procure sleep, and applied to the os externum a large poultice of loaf-bread and milk, with hog's lard. These steps were taken in the evening; and I was again called at three o'clock in the morning, when I went, attended by my pupils, who were permitted to be present.

The woman had enjoyed tolerable rest, and the poultice being removed and the parts washed, we perceived the swelling was much abated. We therefore waited several hours, in expectation that the pains would increase, so as to dilate the os externum slowly, and effect the delivery. In this hope, however, we were disappointed; then I resolved to assist with the forceps, as the head was so low down; though it was so swelled, that I could not distinguish its position; for I could feel neither suture, ear, or back part of the neck. Nevertheless, I concluded, that as it was so low down, the ears would be to the sides of the pelvis, especially as the soft parts below were protruded by the head, yet not so much as to allow me to reach to the forehead, if backward, by introducing a finger in the rectum. However, I thought it highly probable that the forehead was backward towards the sacrum, rather than forward to the pubes; and in this persuasion I directed the woman to be laid on her back across the bed, with her breech a little over the side, her head being supported by the bolster and pillows, and two assistants holding asunder and supporting her legs. Then I introduced a blade of the forceps on each side of the head, and gradually assisting as in the foregoing case, delivered the woman without lacerating her parts, or even marking the child's head.

CASE 227.—*Tedious Labour ; Head high in Pelvis ; Forceps.* (Communicated in a letter by Mr. PUDDENCOMB, at Lyn Regis, 1743.)—He was called to a woman who had been two days and nights in labour, and very much fatigued. The pains had left her ; and though the head presented at the upper part of the pelvis, he delivered her safely of a live child, whose head retained no impression or mark of the forceps.

CASE 228.—*Difficult Labour ; Head low ; Forceps ; Child dead.* (Communicated in a letter from Mr. JORDAN, dated Folkstone, 1751.)—The woman had been for a considerable time in strong labour, so that her face was excessively swelled, her eyes ready to start from her head, and she was hardly able to speak. The labia were very much tumified, the vertex presented, the head was low in the pelvis and lay diagonal, the forehead being to the side of the sacrum, and the occiput at the mother's groin on the opposite side, in which situation it had continued for the space of five hours.

After having placed her in a supine posture, he introduced the forceps, and delivered her of a dead child. As she laboured under a dysuria from the tumefaction of the parts, cataplasms were applied, and in a few days carried off that complaint.

He likewise wrote that he had in the same manner delivered a young woman of a live child.

CASE 229.—*Primipara ; tedious Labour ; Forehead anterior ; Forceps ; Rotation of Head ; Child alive.* (Communicated by Mr. BROOKES, in a letter dated North Walsham, 1749.)—The woman had been long in labour, and the waters were discharged. The child's head was low in the pelvis, the forehead being towards the left ischium, but so strongly compressed that he could not raise it. He

was therefore obliged to introduce the forceps diagonal-wise, so that one blade was at the fore part of the ear, and the other at the back part of the other ear. After having turned the forehead backwards into the hollow of the sacrum, he delivered the woman; and the midwife and all present were agreeably surprised when they heard the child cry, as they took it for granted its life could not be saved.

Mr. Brookes says he did not use this method until after he had waited two hours, to see if, by dilating the parts, the child, which was the woman's first, could not be delivered by the labour-pains.

NUMB. 2.—*From Anxiety of Mind.*

CASE 230.—*Labour tedious from Fright; Head low; Delivery by Forceps.*—In November, 1745, being called to a patient, the midwife told me that the labour had gone on as well as she could desire; until an officious woman came in, and, in her hearing, said there was a fire in the neighbourhood. She was so much alarmed and affected at this report, that she was immediately seized with faintings and shiverings, and her pains in a manner ceased.

Upon examination, I found the head low in the pelvis, the back part of the neck being at the upper part of the pubes; from whence I concluded, that the forehead was turned to the concavity of the sacrum, and that the ears were at the sides of the pelvis, all the back and lower part of which was filled up with the parietal bones.

The patient being of a weak and lax habit, her pulse low, and her spirits depressed, I prescribed the following jalap:

R *Aq. Cinnamom. simp.* ℥v. *Cinnamom. spirit.* ℥ss. *Tinct. Castor. Sp. C. C.* ā gut. xxx. *Confect. Cardiac.* ℥ss. *Syr. Croci* ℥ss. *M.*

Of this she took two spoonfuls frequently ; by which her strength was a little recruited, but her pains continued weak and seldom recurred ; and I plainly perceived, that the labour was retarded by nothing but the want of stronger efforts ; for I knew the child was small, because I passed my fingers all round the head, which was not retracted after a pain.

I had placed her in a position betwixt sitting and lying at the bed's foot ; one woman being behind to hold up her head and shoulders, and two others on each side to support her legs, in hope that the weight of the child might assist the delivery. But finding, that although the head was so low, it did not advance ; and having waited to no purpose for the effect of a great many successive pains, which I encouraged and endeavoured to increase, by stretching every now and then the os externum with one or two fingers, I thought it would be the safest method, both for the mother and child, to assist as in the former cases of this collection.

Although a supine position would have better favoured the introduction of the forceps ; yet as the patient was weak, and the weather cold, I kept her on her left side, her breech being moved to the bed-side, and her knees up towards the abdomen, with a pillow between them to keep them asunder.

Then insinuating two fingers of my right hand between the sacrum and left ischium, to the inside of the os uteri, I with the other introduced one of the blades, turning it forwards to the left ear of the child ; now withdrawing my right hand, with which I held this blade, until I pushed up the fingers of the left hand at the other side, between the sacrum and right ischium to the os internum, I introduced the other blade, moving it forwards over the right ear, and taking care as I went up to turn the handles of the forceps more and more backwards. Finding the blades

exactly opposite to each other, I locked them, and began to pull gently from blade to blade during every pain. As the head advanced and dilated the os externum, I with my right hand turned the handles of the forceps more and more towards the os pubis, at the same time pressing the palm of my left hand upon the perineum, which was now pretty much distended. In a few pains the head was delivered, by moving the handles, with a half-round turn, towards the abdomen and between the thighs, while with the other hand I slipped back the perineum over the forehead and face of the child. Then taking off the forceps, the body was delivered, and the placenta coming down was soon extracted.

CASE 231.—*Tedious Labour from grief and debility; Head low; Delivery by Forceps.*—In the year 1746, my attendance was bespoke to a woman who lost her husband during her pregnancy. She was naturally of a weak and delicate habit of body; but her weakness was so much increased by the grief produced from this misfortune, that she looked like one starved by the want of sleep, appetite, and digestion. When labour came on, I was afraid she would sink under it; for she fainted several times, and threw up every liquid or cordial that was given to support her.

I kept her constantly in bed; and as it was her first child, the os uteri was very slowly opened by the waters and membranes, which luckily did not break until this part and the vagina were fully dilated. As for the os externum, which I feared would not so easily yield, it was lubricated with pomatum, and I every now and then gradually stretched it with my fingers during a pain. When the membranes broke, a large quantity of waters were discharged; the child's head being small, soon came

down to the os externum ; the pains entirely ceased ; she could now keep some broth on her stomach, lay a long time quiet and easy, and enjoyed some sleep ; by which she was very much refreshed.

In about two hours after the waters ceased to flow, she was taken with some slight pains ; by which the head was propelled in a slow manner, and pushed the external parts a little outward, though it had not force sufficient to dilate the os externum for delivery.

After having waited in vain a considerable time, in hope that the pains would at last effect this dilatation, and the patient's strength beginning to fail again, I applied the forceps ; and delivered her pretty much in the manner described in the foregoing case.

CASE 232.—*Tedious Labour ; Head low ; Forceps.*—In the course of that same year, I was called to a woman by some of her neighbours ; who told me it was not known that she was with child until she was in labour, when her mother had beaten, abused, and exasperated her to such a degree, that she had become frantic ; and in her turn threshed the mother, the midwife, and all present ; who had at length locked her in a room by herself ; they therefore begged I would visit her, and bring my pupils along with me.

We found her lying in bed, so sullen, that she would not speak when the women told her they had brought several doctors to keep her in order. I examined as she lay ; and feeling the child's head low in the pelvis, waited a long time for a pain, but to no purpose ; she seemed to be afraid, and lay very quiet. Her breech being moved towards the bed-side, some of the gentlemen kept her in that position until I introduced the blades of the forceps as in the two last cases ; with this difference, the forehead was backwards, though towards the right side, that is, to

the membranous part that fills up the empty space between the sacrum and ischium.

She lay quite calm and resigned while I introduced and placed the blades opposite to each other, and locked the handles firmly with a fillet, to prevent their slipping off the head, in case she should prove refractory; then, she having no pains, I pulled the head lower and lower, until the perineum and fundament began to distend, when I turned the forehead more backwards into the concavity of the sacrum and coccyx. I afterwards pulled at intervals; and as the head advanced, and os externum stretched, I turned the handle of the forceps more and more towards the pubes, and delivered the head and body of the child as in the two former cases.

I have often been called, with my pupils, to the assistance of poor women, who were reduced to a weak and sickly condition by poverty and the want of the necessaries of life, as well as by being fatigued by the midwives, who, to use the common phrase, had put them too soon upon labour. Many of these women have, by means of rest and nourishing things, recovered strength, and been delivered by the labour-pains; though sometimes, when the child's head was low down, and the pains so weak as to prove ineffectual, I have, as in the above cases, used the forceps, without doing any violence to mother or child.

[There is much truth in these last observations, and I have often had occasion to note the excellent effects produced on the pains when languid and inefficient by the administration of food or stimulants. A cup of strong beef essence with plenty of pepper in it; the yolk of an egg beaten up with a little hot water, sugar, and wine or brandy; or some arrowroot made on water and well seasoned with sugar, nutmeg, and brandy, are articles of nourishment generally at hand, and can be prepared at a moment's notice. In patients with very weak digestion, and who suffered much from flatulence and acidity, a piece of nicely broiled meat and dry bread, followed

by a small drink of whiskey, or brandy, and water, has often had a most beneficial effect under the above circumstances.]

CASE 233.—*Convulsions ; Insensibility ; Rupture of Membranes ; Forceps ; Recovery.* (Communicated by Mr. AYRE, in a letter dated Boston, in Lincolnshire, 1748.)—While he attended my lectures in the year 1746, he was called to a woman, who, the day before, had complained of a headache, to which she had been sometimes subject ; early in the morning she was seized with convulsions, and lay insensible between the fits.

He found the os uteri open to the breadth of a crown, and very thin ; understood the membranes were broken ; and the convulsions acted as labouring-pains. A small flooding beginning, he tried to assist by stretching the parts, which yielded with some difficulty ; and the head being advanced, he delivered the child with the forceps, which made a small impression, though without excoriation.

The woman continued insensible for three days, but had no fits after delivery, except a few that were slight in the evening ; and she at length recovered. The child, too, which was weak at first, did well.

CASE 234.—*Convulsions ; Delivery by Forceps ; Death soon afterwards.*—A robust young woman, in the ninth month of her pregnancy, was, without any apparent cause, suddenly seized with violent convulsions about six o'clock in the morning, after having complained all night of a headache, and sickness at her stomach with vomiting ; which, however, ceased when she was taken with convulsions. About ten o'clock I found her violently convulsed, and the os tincæ a little opened : as she had a florid complexion and full pulse, twelve ounces of blood were immediately taken from her arm, a stimulating glyster was injected, and a cephalic julap prescribed ; but notwithstanding these remedies, she continued convulsed and quite insensible.

Being called again by the midwife at eight o'clock, I found her extremely low, her pulse being scarce perceptible; and upon examination, I perceived the child's head was, by the violence of the convulsions, forced low down into the cavity of the pelvis, with the ear towards the os pubis, and the forehead turned to the os ilium on the left side.

The forceps being introduced in the manner described above, the woman was readily delivered, and the placenta, which firmly adhered to the fundus uteri, was afterwards brought away. She seemed easier after delivery; but her pulse was so low that it could not be felt, and she expired in about half an hour.

From all these circumstances, it plainly appears, that if this woman had been sooner delivered, she might have recovered, as well as the person mentioned in the former case.

["The person mentioned in the former case" (233) *did* recover, however, though her recovery was slow.

In the above case (234) the delivery of the woman might probably have been easily accomplished much earlier than it was, and this delay militated strongly against her chances of recovery, as did also the manual extraction of the placenta, which, he tells us, "firmly adhered to the fundus uteri." Bloodletting was practised, but not till after she had been suffering for four hours under the convulsive seizures, by which time most probably irreparable injury was done to the nervous centres.]

COLLECTION XXVI.

OF DIFFICULT CASES FROM THE RIGIDITY OF THE SOFT PARTS, CIRCUMVOLUTIONS OF THE FUNIS, AND CONTRACTIONS OF THE UTERUS; IN ALL OF WHICH THE FORCEPS WERE USED.

NUMB. 1.—*From Rigidity of the Soft Parts.*

CASE 235.—*Primipara; Rigid Os Externum; Forceps Delivery.*—In May, 1742, I was called to a young unfortunate creature, about the age of fifteen, who was in labour. The membranes were broken before I arrived; and the os uteri, which was open to the breadth of half-a-crown, was very thin, but felt rigid in time of a pain.

Labour proceeded very slowly all night; and when I returned in the morning, I found the child's head low in the pelvis, and the vertex protruding the parts below in the form of a large tumour; but the os externum was so very strait and rigid, that I could scarce introduce two fingers; and the pains were so strong, that I was afraid of a laceration. In order to prevent this, I, with the palm of my hand applied against the perineum, restrained the force of the head, and when the pain went off, dilated the os externum by little and little. However, two hours elapsed before it was so opened as to admit all my fingers; which were so tired and cramped, that two of the pupils were obliged in their turns to assist in the same manner; and in about two hours more, it was so largely dilated, as to receive about one third part of the child's head, that pushed out in a conical figure.

By this time the poor creature was very much fatigued ; and the pains were become so languid, that there was no longer occasion to press the hand against the external part. Though we continued to encourage her, and support her with caudle and broth, that the parts might have time to dilate, she and they grew gradually weaker and weaker ; and I began to be afraid, that if assistance should be longer delayed, she might be in danger of her life ; for she was every now and then attacked with fainting fits. When her pains began to grow languid, I had placed her in a posture betwixt sitting and lying, with her breech to the bed's foot ; so that without altering her position, I applied the forceps, and with great difficulty delivered her of a child ; whose head being large, was squeezed to a great length, but in a few days retrieved its round form.

The parts of the mother were so much inflamed, that for several days she laboured under much pain and difficulty of urine.

[The youthfulness of this patient deserves notice. The general tenor of my experience of parturition in such young subjects has been, that the os externum is more apt to be a cause of delay from rigidity and straitness than the os uteri. The very next case (No. 236) furnishes a good illustration of this. She was a primipara and was twenty-five years older than No. 235 : the dilatation of the mouth of the womb occupied the best part of three days, whilst no considerable delay seems to have arisen from the condition of the perineum and vaginal orifice.

Although the above patient's age was unusually young for child-bearing, there are many cases on record which show a far greater reproductive precocity. In the third volume of the 'Transactions of the Philadelphia Obstetrical Society,' Dr. Robert P. Harris gives several very remarkable examples of this kind. He particularly refers to "three *well-authenticated* cases of white American girls" who bore children at an almost incredibly early age. "One of these occurred in the State of Kentucky, a second in Massachusetts, and the third in Philadelphia. The Kentucky mother became such at *ten* years and

thirteen days ; the Massachusetts at *ten* years, *eight* months, and *seven* days ; and the Philadelphia at *eleven* years and *three* months. The first was a case of *infantile* sexual precocity, and the others belonged to a much later period, the menstrual function having been established but a few months prior to conception. All had well developed pelves, large mammæ, and the general marks of womanhood, and bore living children.”]

CASE 236.—*Primipara ; Rigid Os Uteri ; Failure of Fillet ; Forceps Delivery.* — In the following year, my attendance was bespoke to a woman in her first pregnancy turned of forty, and of a thin though healthy constitution. The pains proceeded slowly, as in the former case ; so that three days elapsed in a kind of lingering way before the rupture of the membranes, which were pushed down in form of a long gut. The waters being discharged, the child's head, which was small, advanced downwards, pushing before it the os uteri, which was not enough dilated to allow it to pass. This I kept up during every pain, stretching it with my fingers, until I slipped it all round over the head.

As the os externum, in the former case, had given me so much trouble, I now began in time to dilate it during every pain ; and succeeded so well, that I was in hope the head would not be long retained after its arrival at that part. I found this precaution was right ; for the woman had been so much and so long fatigued before the os uteri and the vagina were sufficiently distended, that when the head came down and pushed out the external parts, her strength and patience were almost quite exhausted : nevertheless, by amusing and encouraging her, she exerted her courage and fortitude for two hours longer, though to very little purpose. At last, perceiving the pains were too weak to force down the head, and dilate the parts so as to let it pass, though about one fourth part of it was already protruded through the os externum : observing

these circumstances, I say, I tried to introduce the whale-bone fillet described in my treatise, and alleged to be an excellent contrivance for helping along the head in such cases. This I endeavoured to insinuate betwixt the child's head and sacrum of the mother; but as it could not be properly fixed over the chin, I withdrew it; and applying the forceps along the ears at the sides of the pelvis, assisted the delivery as in the former case.

The child was large; and the head being compressed into a lengthened form, produced convulsions; of which, however, it recovered, in consequence of my allowing the funis to bleed a little.

NUMB. 2.—*Circumvolutions of the Funis, or Contractions of the Neck of the Uterus.*

CASE 237. — *Tedious Labour; Retraction of Head; Forceps Delivery; Funis round Neck.*—In May, 1748, one of the poor women attended by my pupils was taken in labour; which went on in the common way. The membranes and waters pushing down opened the os externum; and when they broke, the head came down to the middle of the pelvis; but when propelled a little farther by two or three successive pains, it returned to the same place, and continued to advance and retreat in this manner for the space of several hours; so that the woman was much fatigued, and the pains became weaker and less frequent. As this difficulty neither proceeded from the large size of the head nor the narrowness of the pelvis, I concluded it must be owing to the funis rather than to the contraction of the uterus before the shoulders; because this retraction of the head happened immediately after the rupture of the membranes, and before all the waters were evacuated: and I was certain that it could not be occasioned by the expansion which happens in the ab-

domen of a dead child, because I plainly felt it alive by the motion of its head.

Thus convinced, I directed the patient to be placed in a posture between sitting and lying; which I imagined might assist the delivery. When the head was forced down in time of a pain, I introduced a finger into the rectum, and tried to keep down the head; but could not reach so high up as the forehead, which was to the right side of the sacrum. I then, during every pain, gradually opened the os externum, which easily yielded, the woman having had children before, and introducing a blade of the forceps along each ear, that is, one at the left side of the sacrum and the other at the right groin, I locked them together; so that when the pain recurred I could keep the head down, and prevent its being retracted. In the time of the next pain I brought it lower, and turned the forehead into the hollow of the sacrum; and in two pains more it was advanced to the lower part of the coccyx. When it was in this situation, I introduced two fingers into the rectum to keep it down; but it being still too high up, I, during the next pain, brought it lower; when, finding I could command the head by pressing my fingers against the sinciput at the root of the nose, I took off the forceps with my other hand, and helped the head along in the manner described in the lingering cases.

The funis being thirty inches in length, was twice circumvoluted round the neck, and once round the arm.

CASE 238.—*Retraction of Head between the Pains; Forceps.*—In the month of September of the same year I attended a private patient, who had been very much weakened by flooding from time to time. The membranes broke, and the labour proceeded tolerably well; but when the head came low down, it was drawn back after every pain, as in the former case.

Having fixed the forceps, I brought the forehead down below the coccyx; but as her pains were weak, and this was her first child, I kept on the instrument until one third of the head was without the os externum, and I found I could easily keep down the head by pressing my fingers against the external parts on each side of the coccyx. After having taken off the forceps, I, during each succeeding pain, pressed the head upwards with that hand, while with the fingers of the other I slipped the os externum over the child's head. The funis was uncommonly short, and once round the neck.

CASE 239.—*Tedious Labour; frequent Retraction of Head; Attempt at Turning; Delivery by Forceps.*—In August, 1750, I was, at three in the morning, called to a woman in labour, by a midwife; who told me the waters had been discharged two days, even before the os uteri was much opened; that after this discharge the pains were lingering, and some part of the waters continued to dribble until the evening before I was called, when the head came lower down; but now it was after every pain drawn back out of reach, and the pains were grown much stronger.

I took the proper opportunity of examining, and found the head propelled to the middle of the pelvis by every pain; after which it was drawn back to the upper part.

After having seen her undergo several strong pains, by which the head was not at all advanced, I easily introduced my hand into the vagina of the patient, who had borne several children; and as the pain abated, raised the head so high above the brim of the pelvis, that I could pass my right hand flattened along the left side, and over the forehead and face of the child, where I found the lower part of the uterus strongly contracted. I continued to push farther up and dilate the part, so as to be able to bring the

child by the feet ; but finding this expedient impracticable from the force of the contraction, I withdrew my hand in the beginning of a pain, and the child's head was immediately forced down to the os externum, though it was afterwards retracted to the middle of the vagina. However, having succeeded so far, I waited for the effect of several pains, which I hoped would force the head lower down, now that it had made such progress ; but finding my expectation disappointed, and knowing it would be an easy task to assist the delivery, I had recourse to the forceps.

One ear of the child being to the pubes and the other to the sacrum, and the woman lying on her left side, I would not alter her position, but brought her breech to the bed-side, and moved her head to the upper and back part of it ; then sitting in a low chair behind the patient, the forceps being privately disposed, I easily introduced the fingers of my right hand to the os uteri, between the pubes and head of the child, which was small, and insinuated one blade of the forceps gently, that I might not hurt the bladder ; then I introduced the other blade upon my left hand, between the other side of the child's head and the sacrum, carefully turning back the handle in order to humour its curve ; and being certain that the instrument was well fixed, pulled gently from blade to blade, and kept the head from being retracted as the pain abated.

I continued to assist in this manner during every pain, until the occiput was brought to the lower part of the right ischium ; then turning the forehead into the concave part of the sacrum, the occiput came out from below the pubes, and the head was slowly delivered.

[Is the evidence here, sufficient to justify the inference that the recession of the head after each pain, was due to a circular contraction of the lower part of the uterus, as our author would have us to believe ? I certainly think it is not sufficient. It is true the head was retracted after the pains, and that he found the lower

segment of the uterus so firmly embracing the child as to prevent his performing version. But, this retraction of the head often occurs, especially where the pains are wanting in strength and permanence, as we frequently see in protracted labours, and also when there is much resistance from the vagina and perineum ; again, that he should find the uterus closely contracted around the child, was not at all to be wondered at, seeing that the waters had been drained off for more than two days, and that pains had been going on for most of this time. I must honestly confess, therefore, that I am not at all convinced from the history of this case, that the retraction of the head arose from the cause he assigns. The increased descent of the head, upon withdrawing his hand from the vagina, was simply the effect of the increased energy of the pains under the stimulus of his manipulation.]

CASE 240.—*Forceps ; Difficult Extraction ; Arrest of Shoulder on Pubes.*—In October following, we had a public case of this nature, at which my pupils attended. The waters had been long discharged before the head was forced into the pelvis, and we managed the labour in the cautious manner described above ; yet after I had dilated the parts, and applied the forceps, I could not, by repeated trials, bring the head through the os externum. Being assured from experience, that the obstruction proceeded either from the contraction of the uterus or the detention of one shoulder above the pubes, and not from a tumefaction of the abdomen, because I felt the pulsation, though very weak, at the fontanel, I disengaged the instrument and, raising the head again, found the difficulty was owing to the left shoulder being over the pubes.

As the woman lay on her back, I introduced my right hand, but could neither force the shoulders to the right side of the pelvis, nor push the child farther up, so as to bring it by the feet, though the head was not large. I then withdrawing my right introduced my left hand on the other side, and raising the head, tried again to push up

at the anterior parts of the child, so as to reach the feet ; but failed once more from the strong contraction of the uterus. However, getting hold of the left arm, I brought it down ; and as I withdrew my hand, the head followed to the os externum and lower part of the pelvis. I turned the right arm to the right side of the sacrum, the pains being weak, and again fixed the forceps, which I moved in a proper manner ; and pulling gently at the hand, delivered the head, which was followed by the body.

[The particulars of this case are given with great clearness, and leave no room for doubting the correctness of Smellie's explanation as to the cause of difficulty in extracting the head. The mechanism of the malposition of the shoulders, described as having existed in the above case—their long axis being in the conjugate instead of the oblique diameter of the brim—it is not hard to understand. In ordinary occipito-anterior positions of the head, this misplacement of the shoulder never could occur, I think ; but in an original occipito-posterior position, changing into the first or second cranial position, it may chance to occur.

Now, in the case before us the head originally presented in the third position, when the *left* shoulder would be to the right ilium of the mother ; the quarter turn made by the rotation of the forehead towards the sacrum (in the change from third to second cranial position) would bring the left shoulder round to the pubes, where it was arrested before completing its full amount of rotation. The same thing obviously might happen with the *right* shoulder, where the head presented originally in the fourth position. Smellie's ideas upon this point seem to have been similar to those just stated ; for at p. 247, of vol. i, when giving directions for the conduct of cases where “ the forehead is to the os pubis ” and the mode of rotating it round to the sacrum, we find him saying—“ thus let it (the head) be brought along until the hindhead arrives at the lower part of the ischium, then the forehead must be turned backward into the hollow of the sacrum, *and even a quarter or more to the contrary side, in order to prevent the shoulders from hitching on the upper part of the os pubis, or sacrum, so that they may be still towards the sides of the pelvis* ; then let the quarter turn be reversed, and

the forehead being replaced in the hollow of the sacrum, the head may be extracted as above."

I cannot say I have ever distinctly recognised this hitching of the shoulder on the pubes, as a cause of delay; but still I have met with cases where it probably did exist, as no other cause of delay was discoverable. In vol. i, p. 272, this same subject is touched on.]

CASE 241.—*Tedious Labour; attempt to Turn; Delivery by Forceps.*—In June, 1751, I was called by a midwife to a woman who had been many hours in labour, and found, that after the discharge of the waters, the head was forced low down by every pain, but afterwards drawn up again. I was likewise informed, that formerly she used to have large children and quick labours.

Encouraged by this intimation, I tried to turn the child, but was prevented by the strong contraction of the uterus; but in making this trial, and raising the head, I not only found the funis surrounding the neck, but likewise the uterus contracted before the shoulders. This last I dilated with my fingers as much as possible; then withdrawing my hand, applied the forceps and delivered the child, which had been dead for some days. The funis was three times round the neck, being much tumified, and of a livid colour.

[Had he ascertained, as he might have done, that the funis was quite devoid of pulsation, he should have withdrawn the hand at once, and performed craniotomy, as being the easiest and safest mode of delivery for the mother, whose interests alone were now to be considered. The operation of craniotomy is a safer mode of delivering, *quoad* the interests of the mother, than any other instrumental mode. This is a principle I have always maintained and acted upon when, in consequence of the child being dead, the welfare of the mother only was to be considered.]

COLLECTION XXVII.

OF LABORIOUS CASES, OCCASIONED BY THE LARGE SIZE OF THE CHILD'S HEAD, THE NARROWNESS OR DISTORTION OF THE PELVIS; THE HEAD LOW AND DELIVERED WITH THE FORCEPS.

(*Vide* Vol. I.)

NUMB. I.—*From the Large Size of the Child's Head.*

CASE 242.—*Difficult Labour; Delivery by the Forceps.*—

In the year 1745, my attendance was bespoke to a woman who had lost her first child in consequence of its large size. This second labour went on in the usual way, until the os uteri was largely opened by the waters and membranes, which breaking, the vertex advanced to near the middle of the pelvis; then the pains ceased for about two hours; during which the patient lay easy, and enjoyed some sleep. After this intermission, a pain began to recur every now and then; and a good deal of water being discharged, they returned strong and frequent; and as for the patient, whose condition was weak, I kept her mostly in bed.

The parietal bones began to ride each other, the hairy scalp became loose and wrinkled, and the head was gradually and slowly squeezed down to the lower part of the pelvis, where it remained for a considerable time. The occiput was strongly pressed against the lower part of the right ischium, the fontanel being at the upper part of the left; but the head was squeezed to so great a length,

and so firmly compressed against the inside of the pubes, that I could not reach the ear with my finger.

After many strong pains, the patient's strength and spirits began to flag; and both she and the friends became apprehensive that this child also would be lost, notwithstanding the encouragement I gave, by telling them, that I had delivered many women of live children after they had been much longer in labour.

The force of the pains was by this time abated; yet every now and then she was taken with one stronger, that forced the head a little lower, so that I could feel the child's left ear towards the left groin of the mother.

At length the patient being still more sunk, and perceiving no further advance towards delivery, I introduced the forceps as she lay on her side; and during every pain tried to bring the head lower, and turn the forehead backwards to the sacrum. But in this attempt the instrument began to slip, so that I was obliged to unlock the blades, and move each upwards again over the ears; the handles being fixed and tied with a garter, I turned the patient on her back, and directed an assistant on each side to support the legs; matters being thus disposed, I waited for a pain, and gradually delivered her as in former cases. The child, whose head was squeezed into a lengthened form, seemed at first to be in a convulsion, but soon recovered in consequence of my letting the funis discharge about two or three spoonfuls of blood.

CASE 243.—*Attempt to use Fillet; Delivery by Forceps.*
—In March, 1746, I was called by a midwife to a case resembling the former, and tried the whalebone fillet (*vide* Tab. XXXVIII), which I could not get over the chin; so that finding the principal hold was on the face, I withdrew it, and waiting some time until the patient and

the pains grew weaker, I applied the forceps, with which I delivered, as in the other cases of this collection.

My reason for withdrawing the fillet, was because I durst not venture to exert so much force as was requisite for delivery, lest the part of which I laid hold should have been galled to the bone; for I knew one instance in which the fillet had been used, and actually scalped the child; and another, in which the child's under jaw had been cut to the bone by the force of pulling.

CASE 244.—*Very Protracted Labour; Forceps applied with difficulty, and Dead Child extracted.*—In the course of the same year, being called to a woman who, according to the midwife's report, had been three days in labour, I found the child's head at the lower part of the pelvis, and a large tumour on the vertex, protruded without the os externum. She had been in a slow kind of labour all Saturday and part of Sunday, when the membranes breaking, the pains became strong, and continued so all Sunday night; by these the head had been pushed down, but did not advance farther than the situation in which I found it on Monday night.

The patient was much exhausted by fatigue and the length of the labour. Her pains being languid, I prescribed a cordial mixture, with *Confect. Cardiac.* and slowly dilated the os externum during every pain. By these efforts the pains grew stronger, and I expected the head would soon be delivered. But being disappointed in my hope, I thought it was a pity the woman should be kept any longer in such a disagreeable way; and as she lay on her left side, I endeavoured to raise the head, so as to know its position. I failed, however, in my attempt, and there was no room for introducing a finger or two to feel either the neck or ear at the pubes; though, as the head was so low down, I thought it was probable that the

ears were to the sides of the pelvis. I then directed her to be turned on her back, and supported by assistants, as the patient in the former case; and sat down with a resolution to deliver, either with the forceps or crotchet, in order to save the woman's life; though I determined to try the forceps first, that the child also, if possible, might be saved. As the head, which was compressed into a great length, filled up all the lower part of the pelvis, so that I could not introduce my fingers to guide the blades of the forceps on the inside of the os uteri, I attempted to introduce them several times, until I was certain that they were safely past this place, and not on the outside of the os tincae. Being convinced that I had so far gained my point, I began to bring the head lower during every pain; and at last delivered the woman of a dead child, whose head was squeezed to a great length.

CASE 245.—*Primipara; Tedious Labour; Head tight in Pelvis; Delivery with Forceps.*—In the year 1751, I attended a woman in labour of her first child. She had undergone lingering pains all Sunday night, and I was called next morning at seven. But the pains being inconsiderable, the membranes unbroken, and the patient reserved, I was not allowed to examine until ten, when the pains grew stronger. Introducing my finger into the vagina, I felt the rectum full of indurated fæces, the os uteri soft, thin, and pretty open, the waters pushing down the membranes; and when the pain went off, the child's head resting against the upper part of the pubes.

I immediately prescribed a glyster, which operated to satisfaction; and as she had enjoyed some sleep in the fore part of the night, I desired she might rise until the bed could be prepared before labour should be far advanced. Everything proceeded in an easy and slow manner, and she took her pains in an easy chair, till about twelve, when

she was pretty much fatigued. I then directed her to take some pains on the bed, and now felt the os uteri largely opened, the membranes pushed down large and full to the os externum ; but the head was not at all advanced.

Judging from this circumstance that it was large, I would not allow her to be put naked in bed too soon, because if, after the rupture of the membranes, the head should not come down without difficulty, it might be necessary to assist the delivery by different positions ; and in the mean time, as the pains were strong and frequent, I directed them to get ready cloths to receive the waters as she lay on her side, for now I expected that the membranes would soon give way. Accordingly the waters were in a little time discharged ; but perceiving that the pains soon after abated, and the head did not advance, I allowed her to rise and walk about ; and she took her pains sometimes in a standing and sometimes in a sitting position ; though, in order to prevent her being fatigued, she every now and then rested on the bed, half sitting and half lying.

By these means the pains increased, and at two next morning, the head was advanced to the os externum and lower part of the pelvis. That it might not be detained too long in this situation, I began to dilate the os externum a little during every pain ; and these efforts kept up the pains, which were becoming languid, in consequence of the fatigue sustained by the patient. The head was not at all advanced farther at four o'clock, when I plainly felt the occiput strongly pressed against the lower part of the left ischium, the parietal bones riding one another, the head, which was large, squeezed to a great length, and one of the ears at the pubes. Perceiving the pains were not strong enough to push the head farther, so as that the occiput might rise from the ischium to the space below the pubes, and the forehead turn back into the hollow of the os sacrum ; and knowing that I could easily assist and

alter the position with the forceps, I thought it was pity that the mother and child should run any farther risk ; and ordering her to be put in bed, naked, I applied the instrument, and delivered the child, as in Col. XXVI, Case 239.

CASE 246.—*Difficult Labour ; Head much Compressed ; Forceps—Delivery.*—In December, 1750, a woman had been in labour of her second child, for many hours after the os uteri was largely opened, and the membranes had broken, and the midwife had assured the friends, that the head would be delivered by each successive pain. At length, however, the patient's strength beginning to fail, they sent for me at three in the morning, when I found the child's head low down, pushing out the parts in form of a large tumour, and the scalp very much tumified.

After having tried in vain to assist the birth by gently dilating the os externum during several pains, I directed the patient to be put in a supine posture, and as she was very weak, sat down with a resolution to deliver either with the forceps or crotchet ; for I found it was wrong, as well as impracticable, to bring the child by the feet. The head was so large, and compressed into such a lengthened form, that I could not push up my finger at the pubes, to feel the ear or neck ; neither could I distinguish the situation of the head by the sutures, because the scalp was so much swelled : nor could I move the head upwards, in order to feel the upper parts, such as the ear, neck, or face. But supposing, from the touch of the lower part of the head, that one part pressed more against the left ischium than the right, I concluded that the forehead was at the right side of the sacrum, and the occiput stopped between the ischium and groin.

In this persuasion, I introduced one blade between the child's head and the mother's right groin, and the other at the left side of the sacrum, along the ears ; then locking

the handles, I tried to turn the forehead more backwards, but could not, until I had pulled the head a little lower, when I delivered, as in Col. XXVI, Case 237.

CASE 247.—*Difficult Labour; Head Squeezed and Elongated; Failure of Vectis; Delivery by Forceps applied diagonally.*—In the January following, my assistance was solicited in a case of pretty much the same nature. The woman was greatly fatigued and exhausted with labour, the child's head was compressed to a vast length, and so puffed, that I could not distinguish its true position; nor could I raise it so as to examine higher up. Nevertheless, as it was very low, I supposed that the ears were towards the sides of the pelvis; and having laid her in a supine posture, I introduced the forceps, insinuating one blade on each side, as usual. But the head stuck so fast that I could not move it lower; then I attempted to turn it to the right side of the sacrum, imagining the forehead might be to the left, as I had mostly found it; yet here also failing in my endeavours, I turned the other way, when it yielded with great ease, and the vertex coming out below the pubes, the head was brought along, and delivered without further difficulty.

One blade of the forceps was fixed before the left ear, and over the temple of that side, and the other behind the right ear and lower jaw; the impression was deeper than usual, but not such as to do any injury to the child.

N.B.—In the two former cases, I first of all tried to move the occiput downwards, and turn the forehead back to the sacrum, with one blade of the forceps.

[I have elsewhere taken occasion to note the candid truthfulness of Smellie's clinical histories. It is this character which makes them so very instructive, and gives them a surpassing interest and value. The above case is a good illustration, as I shall now proceed to show.

Not having ascertained the position of the head in the pelvis before beginning to operate, he was led into the commission of two errors which he makes no attempt to conceal. These were (1) the attempt to rotate the head in a wrong direction; and (2) the misapplication of the forceps on the fetal head. He assumed that the head lay as we would describe it, in the second cranial position (*i. e.* the occiput to right ilium, for he "imagined the forehead might be to the left" of the sacrum); and he adds "as I mostly found it;" which, I take it, means that in a large proportion of these cases of difficult labour the head is in this so-called second position. In accordance with this view of the case he endeavoured to turn the face towards the right of sacrum, but this did no good, and the head resisted his efforts to draw it down; he next tried what would be the effect of rotating the head in the opposite direction, whereupon the head "yielded with great ease, and the vertex coming out below the pubes, the head was brought along and delivered without further difficulty."

The misapplication of the forceps consisted in this, that instead of the blades fairly embracing the head by the ears and cheeks, they were placed diagonally, one being in front of the ear and the other blade behind the opposite ear. Two objections apply to this grasp of the head, *viz.* the instrument is apt to slip, and is apt to cause abrasion or sloughing on the parts against which it presses, these not being well covered by soft parts capable of bearing and diffusing the pressure (see Vol. I, p. 264). This diagonal hold of the head was sometimes taken by Smellie deliberately and intentionally in certain cases of pelvic deformity (of which Case 252 is a good example); but in the instance before us such was not the case. It has occurred to myself on several occasions to seize the head in this manner, and I have seen the same to happen with others; and when so applied, injury from compression of the integument, has not uncommonly resulted to the child.

In Cases 229, 252, 266, 268, and 269, the head was seized by the forceps in the diagonal manner just referred to.

The concluding observation prefixed with a N.B. in the above history, informs us that Smellie occasionally used one blade of the forceps as a vectis or lever, in order to alter the position of the head, but it does not seem that any success attended these attempts; and from his general silence with regard to the vectis (except here and at page 344), we may suppose he set very little value upon it.]

NUMB. 2.—*A Small Pelvis, and the Child's Head Low.*

CASE 248.—*Tedious Labour; Head much Squeezed in Pelvis; Syncope; Delivery by Forceps.*—My attendance was bespoke to a woman who had before lost a child, which was supposed to have been too large to pass through the pelvis; for she was of small make and stature.

In January, 1748-9, she was taken in labour when I happened to be engaged, so that I was obliged to send a midwife to attend her; and before I could see her, the membranes were broken, the os uteri largely open, and the head squeezed into the middle of the pelvis, in form of a cone or sugar-loaf.

The midwife had kept her mostly in bed to prevent her being fatigued, and I advised her to continue in the same situation, until she complained of being weary of that position, and of violent cramps in her limbs. Then getting up she walked about the room, and took her pains sometimes standing and sometimes sitting: though I desired she would not fatigue herself by walking or standing too long, nor force down, except when the pains were strong. In this cautious manner she was managed all night, during which she rested at intervals upon the bed, until she was compelled to rise by the violence of the cramps that seized her as she lay; and as I examined every now and then, I found the head advance by little and little, every third or fourth pain, which was stronger than the rest.

At six in the morning, the vertex was pressed down to the lower part of the pelvis, below the right ischium; but at eight it had made no further progress, though it was squeezed to a great length, and the parietal bones rode one another.

By this time the patient was very much fatigued, her pains were become weaker, and at small intervals she was

subject to retchings, which, however, supplied the defect in the labour-pains, by forcing the head so low as to protrude the perineum and adjacent parts, in form of a large tumour. I waited some time, in hope that this extraordinary assistance would deliver the child; but the patient being suddenly seized with a fainting fit, I thought it was high time to have recourse to a more effectual expedient; and the child's left ear being to her left groin, and the forehead at the left side of the sacrum, I moved her breech to the bed side as she lay on her left side, introduced the forceps along the ears, as in Collect. XXV, Case 230, and in that manner safely delivered the woman of a live child, which had been retarded by the smallness of the pelvis, though it was not at all distorted.

CASE 249.—*Difficult Labour; Head much Squeezed; Forceps; Child Dead.*—In the year 1750, I was called by a midwife to a woman of small stature, about ten in the morning, when I found the vertex at the lower part of the left ischium, and the head squeezed into a longitudinal form, as in the preceding case; as for the waters, they had been draining off for some time before I arrived.

The patient being pretty much exhausted, was put in bed; and as she had been seized with looseness at the beginning of labour, and enjoyed no sleep the preceding night, I prescribed an anodyne mixture of *Tinct. Thebaic.* gut. xv. & *Syr. e Meconio* ʒiij. in *Aq. Simp.* ʒvss. of which she took two spoonfuls immediately, to be repeated occasionally until rest should be procured. This prescription had the desired effect; and next morning about eight, I was called, and informed, that although the pains had been stronger, the head was very little advanced. I now felt the vertex had made some progress; the occiput was turned below the pubes, and the forehead to the sacrum, though not so low as that I could assist with my fingers

in the rectum or at the sides of the os coccygis. The pains were likewise become weaker, and the patient's strength began again to fail. The child's ears being by this time to the sides of the pelvis, and nothing wanted but pains to promote the birth, I directed her to be placed in a supine position on the bed, and with the forceps delivered her of a dead child.

CASE 250.—*Difficult Labour ; Narrow Pelvis ; Forceps Twice Applied, first time at Random ; Child Dead Born.*—In the year 1749, I was called by a midwife to a woman who had been sickly from her infancy, and very much distorted. The membranes had been broken and the waters discharged several days before she was in labour ; and the midwife, who had attended her since the preceding morning, assured me she had been in strong labour for four-and-twenty hours.

I found the vertex presenting, the mouth of the womb fully opened, and the head down to the lower part of the pelvis ; but when I introduced a finger betwixt it and the pubes, I could not reach so high as to feel the ear, nor could I distinguish by the sutures the right situation of the head.

Nevertheless, the patient being weak and low, I directed her to be laid across the bed, in a supine position, and introducing the forceps at random, by the sides of the pelvis, tried by gentle efforts, during every pain, to bring the head lower down ; but finding I could not move it without using such violence as might be prejudicial to the mother and child, I withdrew the instrument and resolved to wait a little longer ; and as the patient had slept but very little for two nights, and was much fatigued, I prescribed an anodyne draught, by which she procured rest and was refreshed. Then the pains returning, and forcing down the head, so as to protrude the external parts, I received another call, and found the back part of the neck

at the pubes ; from this circumstance, I knew the forehead was in the hollow of the sacrum, and that the ears were to the sides of the pelvis ; I therefore, after having allowed her to take a few pains, which were weak, considered, that as the head was so low down, the assistance of the forceps might prove effectual in helping it along ; so having placed her in the position described above, I introduced them along the ears of the child, and by pulling gently during every pain, delivered the head, which was squeezed to a great length ; but the os externum was so rigid, that half an hour elapsed before it could be dilated so as to let the head pass without laceration.

After delivery, I introduced a finger into the vagina, and found the pelvis so distorted, from the jetting forwards of the upper part of the sacrum, that had the child been large, its life could not possibly have been saved. The head was of a lengthened form, and contorted to one side, and there was a deep impression above the ear. The forceps, too, when first fixed, had impressed the forehead, though the mark disappeared in five or six days ; but they made a very inconsiderable impression when they were fixed the second time along the ears.

[Our author with his wonted candour tells us he made two applications of the forceps in the course of this case, and that the first time he applied it he did so "at random," by which he means that he introduced the blades without any precise knowledge of the cranial position. Failing to extract the head by the use of moderate force, he gave up the attempt and removed the blades. Some hours later, when the head was lower down and he could clearly make out its position, he reapplied them ; introducing the blades along the ears. He furthermore informs us that "the forceps when first fixed had impressed the forehead," but that they made a very inconsiderable impression when fixed the second time along the ears.

This is just one of the many cases in which he demonstrates from his own experience the importance of knowing the exact position of the head before using the forceps, both as a guide to its applica-

tion on the head as well as to the mode of extracting with it. The misapplication of the blades in the first instance, caused injury to the scalp, and though it cannot be positively affirmed that the same ignorance led to the failure of the operation, yet it is more than probable that such was the case. On many occasions he speaks in terms strongly condemnatory of this empirical mode of using the forceps, and does not attempt to disguise the cases where he himself so employed it, or to conceal the ill consequences resulting from such a misuse of it. (*Vide* Vol. I, pp. 250, 263, 344, and 345 *note*.)

I freely admit I have myself often similarly erred, and have seen many other practitioners do the same. Sometimes this "random practice" eventuated in complete success, but the operator has little cause for boasting, as the fortunate issue is attributable more to chance than to skill. The succeeding case furnishes another illustration of these remarks.]

CASE 251.—*Tedious Labour; Protuberance of Sacrum; Mal-application of Forceps; Child saved; Perineum torn.*
—In the year 1744, a midwife called me to a woman, whom she had formerly delivered of a dead child; and she said she had, on that occasion, felt an uncommon bump backwards.

When I examined her, the membranes were broken, and the child's head was sunk down to the middle of the pelvis, where it was retarded by a jetting in at the middle of the sacrum; for, instead of feeling it concave, I found a prominence, as if one of the bones in the middle had been pushed before the rest; and the vertex of the child seemed to be pressed down in a flattened form by the woman's pains, which were strong and frequent.

I was called about three in the morning, and prescribed some innocent things to amuse the patient and her friends, who were extremely anxious; and went away, after having desired that she might not be hurried about or fatigued. I received another summons about nine, when I found the

vertex squeezed down to the lower part of the pelvis, the woman exhausted, and her pains abated.

As I at that time imagined, with others, that in labours the forehead was mostly to the sacrum, and the ears to the sides, I caused the patient to be laid across the bed on her back, as in Collect. XXV, Case 223, and applying the forceps along the head, at the sides of the pelvis, tried, during every pain, to help it along, that the child might not be lost. As the resistance was great, I gradually increased the force, and though the forceps slipped several times, I at last delivered the head, by grasping the handles more firmly, and pulling upwards towards the pubes. But the perineum was torn by the sudden delivery, because I did not then know how to make the proper turns, and proceed in the slow and cautious manner which I have since adopted. The child's head was squeezed into a longitudinal form, flattened on the sides, with a deep impression on the cranium above the ears; and from an indentation on the os frontis, by a blade of the forceps, which had been fixed on that and the occiput, I discovered that the ears were not to the sides as I imagined.

These impressions had very much galled and inflamed the parts; but, in consequence of proper care, they digested, and the child recovered; and as he grew up, the marks diminished and disappeared.

I told the midwife and nurse, that the patient's perineum was cracked, and desired they would not make her uneasy, by informing her of an accident which would be attended with no bad consequences. Accordingly, the parts were perfectly healed, in the space of twenty days.

[We learn from this history, that even so late as the year 1744, that is four years after setting up in London, Smellie was still imperfectly acquainted with the proper mode of applying and using the midwifery forceps, and he makes no attempt to hide or to palliate the blunders he committed. This unaffected candour it is,

which invests his clinical histories with so much of real value. And yet he seems to have understood something of "the art of putting things," when he pleasantly styles as "a crack" in the perineum, what really must have been a considerable laceration !]

CASE 252.—*Difficult Labour ; Approximation of Ischia ; Forceps Delivery.*—In the year 1747, a midwife demanded my assistance in behalf of a woman, whom she had once before delivered, with difficulty, of a dead child in the eighth month. In this labour, the membranes were no sooner broken than I received a call, and found the pains strong, the child's head advanced to the middle of the pelvis, and the vertex gradually descended to the lower part of the ischia, which seemed remarkably near to one another. The head being luckily small, and the occiput to the left ischium, I resolved, after having waited a considerable time, to turn the forehead backwards to the os sacrum, on the supposition that the narrow part of the head would more readily pass between the ischia. Thus determined, I kept the patient on her side, and applied one blade of the forceps at the pubes, and the other at the sacrum, along the child's ears, and with great difficulty turned the forehead to the sacrum; but before I could deliver the head, I was obliged to alter their position, fixing one behind the left ear, and the other before the right ear, backwards, at the right side of the sacrum.

I attended in another case of this kind, in which I was obliged to open the child's head, on account of its large size.

[The kind of deformity existing in this case, namely, contraction of the *transverse* diameter of the outlet, is a very rare variety of pelvic distortion; and we find our author adopting operative measures suitable to it, and at same time, in strict conformity to his principles of obstetric mechanism.

In consideration of this special narrowing, Smellie reversed

the course of proceeding he occasionally pursued where the conjugate diameter of the brim was contracted (as for instance in Case 266), applying the forceps in the first instance along the ears so as to bring the short diameter of the head to engage in the short diameter of the outlet; and having accomplished this, he then removes the blades and applies them diagonally on the head, fixing one *behind* the left ear, and the other *before* the right ear; thus the blades were placed in the direction where there was most space.]

CASE 253.—*Projection of Sacrum; Forceps applied; Child Dead; subsequent Death of Mother.* (Communicated by Mr. J—, in a letter dated G—, 1749.)—The membranes had been broken, and the woman in strong labour for more than twenty hours, and was weak from being over-fatigued. After she had taken a few pains, he found the head did not advance; and considered, that although it was high, yet it might be dangerous to wait longer on account of the patient's weak condition. In pushing up his hand into the vagina, he found one ear backwards and above the upper part of the sacrum, which projected considerably forwards with the last vertebra of the loins. The head felt also very large, and the forehead was to the right side; he introduced the blades of the short forceps, that were covered with leather; but being afraid that the handles were too short, he brought these out, and introduced a longer kind uncovered, and which was the kind he had used when he attended me. After he had fixed these properly, he tried several times in vain to bring the head lower. Upon which he resolved to give up that method, and open the head. Finding, however, that the forceps did not slip, but kept a firm hold, he resolved to try and make one effort more; and after pulling with all his strength, and moving the handles of the forceps over the pubes, he got the head delivered; yet not without bending backward that blade of the forceps that was next to the pubes. She was delivered of a dead child about noon.

In the evening she seemed to be in a good way, and in a breathing sweat. Next morning she was attacked with a violent looseness, which he restrained with opiates; but that evening she was comatous, and expired next morning. He supposed the last bad symptom was occasioned by their giving her, without his knowledge, half a pint of rum at two draughts.

As he desired my opinion of this melancholy case, I wrote him the following letter, with another case of the same kind.

SIR,

London, 1749.

I received yours of July the 16th, which I ought to have answered before this time. Since you attended me, I contrived the last forceps with shorter handles, on purpose that too great force might not be used; and when they are not sufficient, I would then open the head, and extract with the crotchet. No doubt I should perhaps have been tempted even to use as great a force as you did when there was so good a hold; but yet you may consider how much the soft parts of a woman must suffer, by the bending so strong an instrument against them as the blade you sent me. If you had been sooner called, to prevent the woman's being over-fatigued till the head came lower, there might have been a chance for saving the child. When the pelvis is narrow, and the head large, and so high that you cannot, or dare not, turn the child, and the woman in danger from extreme weakness, it is right first to try the forceps; but when you find it won't come along with a moderate force, the crotchet must be used; for we ought never to endanger the life of the mother to save the child.

[This last proposition should be received with some qualification. Although I strongly hold that the life of the mother should never be sacrificed in order to preserve that of the fœtus, still I believe that many occasions do arise where we are justified in exposing

the mother to very considerably increased risk—endangering her life in fact—if by so doing we can give to the foetus a greatly increased chance of being born alive.]

CASE 254.—*Difficult Labour; Forceps applied Diagonally; Sacrum Prominent; Child Dead.*—I had a case of the same kind some time ago, but not so difficult as your's; the membranes were broken many hours, and the head was forced into the middle of the pelvis. Mr. M—rd was sent for, tried the forceps; but having no assistants to hold the woman firm, did not succeed; then he sent for me, and I was allowed to carry along with me four pupils. The ears were to the pubes and sacrum, the forehead to the left side, and the upper part of the os sacrum jetted in forward. As I could not turn the forehead with my hand a little backward, or pass the blade of the forceps along the ear at that part, I introduced it behind the ear at the side of the os sacrum, and the other at the fore part of the pelvis towards the left groin, and before the other ear, so that the forceps was fixed diagonally on the head, and the same as to the pelvis. I used a good deal of force, by which I delivered the head, taking care to make the several turns in extracting it. The child had been dead many hours; the head was large, and squeezed of a very long figure; and the parts of the woman very much swelled. She was attacked with a violent looseness, which was restrained by proper remedies, and she recovered slowly. When the parts are inflamed, and much swelled, the lochia sometimes are obstructed and fall upon the intestines, especially if the patient has been exhausted by a tedious labour.

CASE 255.—*Tedious Labour; Delivery by the Forceps.* (Communicated in a letter from Mr. AYRE, dated Boston, Lincolnshire, 1750.)—The labour went on in a slow man-

ner, and by waiting patiently, the head, after many severe pains, was forced down into the pelvis. As the woman lay on her side, he introduced one blade at the pubes, and the other at the sacrum, and pulled with considerable force during every pain ; but the forceps slipping, he was obliged to introduce them again as before ; and giving the forehead a turn backwards, the child was, in two pains more, delivered.

He sent two other cases of women who had been long in labour in their first children ; the ears were towards the pubes and sacrum ; and one of the women was very fat, and about forty. He delivered both cases safely with the forceps, after finding the pains were going off and the patients turning weak.

CASE 256.—*Forceps Delivery ; Head much Abraded by the Instrument ; Death of Patient.*—I had a case from L—, in 1753, by which the gentleman seems to have been too much in a hurry. After using great force, he delivered the child, which was alive ; but the head was too much galled with the blades, and the woman was carried off in a few days by a purging.

In another case, the same gentleman tried to deliver with the forceps when the vertex presented, and the forehead was to the pubes ; as he was not able to raise the head so as to turn the forehead backwards, he pulled it along as it presented ; finding, that as the vertex pushed out the perineum, it was beginning to tear, he took off the forceps ; and the head was afterwards delivered with the labour-pains, and both mother and child did well.

COLLECTION XXVIII.

LABORIOUS CASES, IN WHICH, THE VERTEX PRESENTING WITH THE FOREHEAD TO THE PUBES OR GROIN, THE PATIENT WAS DELIVERED WITH THE FORCEPS.

(*Vide* Vol. I, page 274, and Tab. XXI.)

CASE 257.—*Difficult Labour ; Face to Pubes ; failure with Forceps ; Conversion into a Face Presentation.*—In the year 1744, I was called to a woman who had been long in labour after the membranes were broken. I found the vertex was down to the lower part of the pelvis ; but the scalp being much tumified, I could not distinguish by the sutures the real position of the head. The woman being much exhausted, the pains weak, and the head low, I thought it was proper to assist the delivery, to prevent her and the child from being in danger. For that end, I caused her to be placed in a supine position, as in Collect. XXV, Case 223. I then, during every pain, dilated the os externum, raised the head above the brim of the pelvis, and introduced my fingers and hand flattened betwixt the head and sacrum, where I felt the back part of the neck, which informed me that the forehead was to the pubes.

Considering that the difficulty or obstruction of the delivery proceeded only from the wrong position of the head, I first tried to turn the forehead towards the back part of the pelvis, and failing in the attempt from the slipperiness of the same, I endeavoured to bring the child footling ; failing in this effort also, from the strong contraction of the

uterus, I withdrew my hand, and applying the forceps along the ears, used a good deal of force to extract the head as it presented. I brought it so low that I felt the fontanel one inch or more below the pubes; but could not bring it farther unless I had torn the vertex through the perineum and anus, which were now greatly stretched. Then I disengaged and brought down the forceps, and introduced a blunt hook, that had a round button on the end for that purpose, up along the side of the head and above the chin. With this hold I pulled down the forehead and face below the pubes, and then delivered the child.

This was, at that time, the common method when the head was large, and squeezed to such a length as to prevent the forehead's coming out, either with strong labour or with the forceps; but the bad consequences that might ensue both to mother and child, made me afraid to continue in this method of practice. For the perineum was commonly tore, and that part of the child was sometimes so much bruised as to produce a violent inflammation, which destroyed the child; but a lucky incident which happened the year following gave me the hint of a better method, as in the following case.

CASE 258.—*Left Bregmato-cotyloid Position; Hæmorrhage; Rectification with Forceps; Delivery.*—A midwife called me, in the year 1745, to a woman in the morning, who had been most of the night in strong labour. I felt the vertex at the lower right side of the sacrum. Her pains were still pretty strong, although she had lost, both before and after the membranes were broken, a large quantity of blood. I found also the fontanel at the left groin, which assured me that the delay of the delivery proceeded from the forehead's being at that part.

The patient being placed as in Collect. XXV, Case 223, I introduced the forceps along the ears, holding the handles,

when fixed, towards the vertex, which was to the right side of the os coccygis. Then I began to pull from side to side; by which means the head advanced a little, but not so much as to allow the forehead to turn out below the pubes. In repeating these efforts, the forceps slipped off three times; though I did not observe, till afterwards, that one of the blades, by giving way, was the occasion of their slipping off the head. As I found I could not deliver the head, by pulling either downwards to bring out the forehead, or upwards, because the head would not yield that way on account of the chin's being pressed against the breast, neither did I choose to try the blunt hook, because of the bad consequences attending that method. I was also averse and loth to destroy the child by opening the head.

While I paused a little, considering what method I should take, I luckily thought of trying to raise the head with the forceps, and turn the forehead to the left side of the brim of the pelvis where it was widest, an expedient which I immediately executed with greater ease than I expected. I then brought down the vertex to the right ischium, turned it below the pubes, and the forehead into the hollow of the sacrum; and safely delivered the head, by pulling it up from the perineum and over the pubes. This method succeeding so well, gave me great joy, and was the first hint, in consequence of which I deviated from the common method of pulling forcibly along and fixing the forceps at random on the head; my eyes were now opened to a new field of improvement on the method of using the forceps in this position, as well as in all others that happen when the head presents.

[This may be regarded as a memorable case in the experience of Smellie, if not in the history of midwifery. The subject of instrumental rectification which it so forcibly illustrates, has already been

commented on in Vol. I, p. 274, where the interesting facts of this particular case have also been considered.]

CASE 259.—*Face to Pubes ; mistaken Diagnosis ; Delivery with Forceps.*—In the year 1749, I with my pupils, attended one of our women in Drury Lane ; the membranes had broken in the evening, and she had frequent and strong pains all night. When they sent for me in the morning, I felt something like the vertex down at the lower part of the pelvis ; and she was much in the same condition as the woman described in Collect. XXV, Case 223. But we were all mistaken as to the position of the head ; for I, as well as the pupils, imagined that, as the head was so low, the forehead must be turned back to the lower part of the sacrum ; and that, on account of the head being squeezed to a great length, we could find neither neck nor ear at the pubes. We were likewise mistaken as to the sutures, supposing what was called by the ancients the back fontanel, where the lambdoidal crosses the end of the sagittal, was the fore fontanel, which was backwards towards the sacrum.

I told all present, that as the head was so low down, and the delivery retarded by the weakness of the pains, it was safer for both woman and child to deliver her with the forceps ; especially as I was pretty certain of succeeding without doing injury to either, being certain, as she had formerly quick and easy labours, that the impediment proceeded only from weakness, and perhaps a larger child than usual, which might be in danger of being lost by longer delay. I had her then put in the same position, and applied the forceps in the same manner as in the aforementioned case. I then pulled gently every pain, and the woman being exposed to show the operation, I was surprised to see what I imagined the occiput come along from under the pubes, not with hair, but bald and smooth.

Introducing my finger, I now plainly perceived that we had been all mistaken as to the position; for I felt the root of the nose and eyebrows within the pubes. As the head was now so far advanced, I thought it would be better first to try to bring it along in that manner; therefore I continued to pull along gently; but instead of pulling upwards as before, to raise the head from below the os pubis, I pulled downwards, to bring the forehead and face out from below that bone; they accordingly slipped out gradually; and when the chin was delivered from below the pubes, I turned up the handles of the forceps towards the face, pulled the head upwards, and delivered it according to the directions laid down in those cases where the face presents. (*Vide* Case 270.) The woman was not tore; the child's head was squeezed to a great length, but was neither hurt nor marked with the forceps.

[This case like the last is one of extreme interest, and of some historical importance. I have already in Vol. I, p. 275, alluded to it, so that I need not make many remarks now. In this case as well as in Case 257, Smellie made the foetal head perform a movement of extension, whereby the forehead and face were extracted from underneath the pubic arch, and then the occiput was made to clear the perineum. That Smellie did not always pursue this plan is apparent, I think, from his description of the delivery of Case 270. As pointed out by Dr. Kidd ('Dub. Med. Jour.,' November, 1863, p. 462), the head when placed with the forehead to the pubes may be expelled in one of two ways, viz. either with the face first, or the occiput first; and he thinks that the latter occurs "when the head is large and fits the pelvis closely;" whereas, when the head is small or softened, the chin emerges from under the pubes, before the occiput sweeps the perineum. This question has some affinity to that of the extraction of the head in head-last deliveries, namely, whether to liberate the face first (as is usually done by sweeping it over the perineum) or to extract the occiput first from underneath the pubes, which was called the method of Deventer. In each of these cases the body of the child is pulled in a different direction. (For an account of Deventer's method, see Vol. I, pp. 308 and 318.)

In all the cases of face to pubes that I have seen, I am pretty sure that the head remained strongly flexed until the occiput cleared the perineum, when a movement of extension occurred which helped to bring the face from under the arch of the pubes, and so complete the delivery of the head.]

CASE 260.—*Tedious Labour ; Face to Pubes ; Forceps ; Rectification ; Delivery.*—I was called to a patient by a midwife in March, 1751, who informed me that she had delivered the woman several times, and her labours were commonly tedious from her having large children ; but that this was worse and more tedious than any of the former ; for although the waters were a long time come off, and the head had been low in the basin for many hours, so that she expected every pain would deliver the child, all endeavours had proved ineffectual, and she had sent for me, because she was afraid of both mother and child. She also told me, that she imagined the head did not present right, for she found the opening at the share-bone, and imagined this was the occasion of the difficulty. On examining, I found it as she had related, and was much pleased with the midwife's honest behaviour and sagacious remark. I felt also the vertex backwards, pushing outward the os coccygis and fundament.

Although the pains were much abated and weaker, according to the midwife's account, yet every now and then she had one pretty strong. As I found her pulse rather low and sunk, I ordered her a cordial mixture, and waited with patience to try if the head would advance further, that the forehead and face might by that means push out below the pubes ; but finding it did not advance, and that the pains were not sufficient, I thought it was proper to use the assistance of the forceps. I then had her placed as in the former case, opened the os externum gradually with my fingers, scooped up the head above the brim of the pelvis, and as I slipped my hand flattened betwixt the

sacrum and the child's head, I felt with my fingers the back part of the neck, which more fully confirmed the midwife's opinion and mine, of the forehead's being towards the pubes.

After I had brought down my hand, and found no advantage from several following pains, I introduced the forceps along the ears, having fixed them, and pressed the handles as far back as the perineum would allow; and tried to bring the forehead and face below the pubes, by little and little every pain, but did not succeed. Thus disappointed, I pushed up the head with the forceps to the brim of the pelvis, turned the forehead to the left side thereof, and brought the vertex down to the lower part of the right ischium; then turned the forehead backwards to the concave part of the sacrum, the occiput below the pubes, and delivered the head and body as in the former case.

[In all its leading particulars this is a parallel case to No. 258, and therefore requires but little comment. In both cases the head appears to have been in the third position, and in both he turned it into the second position, and so completed the delivery. He first tried to bring down the forehead and chin under the pubes, and failing in this, "he pushed up the head with the forceps to the brim of the pelvis, turned the forehead to the *left* side thereof, and brought the vertex down to the right ischium," &c. &c. As the head was low in the pelvic cavity when the forceps was applied, in which situation its rotation was found impossible, the only chance of converting it into a more favorable position was by raising it sufficiently high in the pelvis to admit of its rotation, a very bold proceeding I must confess, and one in which Smellie has had few imitators. For the success of this proceeding there is required in the operator a rare combination of diagnostic skill, manipulative dexterity, and an intimate acquaintance with the mechanism of parturition: added to these, it is also necessary that the uterus should not be in a state of tonic contraction; for if so, it will foil our endeavours, as happened with Smellie himself in Case 270.]

Those cases in which the vertex presents with the forehead to the groin or pubes happen but seldom. If the head is small, it is commonly delivered with the labour-pains, because the external parts, viz. from the os coccygis to the frænum labiorum, will frequently stretch down so much as to allow the forehead and face to come out from below the pubes ; and if the pains fall off, and the woman become low and weak, the forceps will assist where the pains are insufficient. But if the head is large and squeezed to a great length, those parts will seldom stretch so much as to allow the delivery to be performed in that manner, either with the pains or forceps, without the danger of tearing the perineum, and even sometimes the vagina and rectum, into one cavity ; besides, if the head stops there a long time, the child is frequently lost from the long compression of the brain, exclusive of the danger from bruising and inflaming the parts of the woman ; to prevent all which inconveniences, it is better to help in time, and deliver, if possible, according to the above method ; especially in those cases where you cannot alter the wrong position with your hand, or one blade of the forceps, or turn the child and deliver by the feet.

CASE 261.—*Difficult Labour ; Syncope ; Face to Pubes ; Forceps Delivery.* (Communicated by Dr. DURBAN, in a letter dated 1752.)—The woman had been in strong labour for many hours, after the waters were discharged. As the os uteri was not sufficiently open, he administered opiates from time to time, which refreshed her much ; but after waiting a long time, and the woman growing weak and falling into faintings, he tried to dilate the parts during every pain ; and at last found, that what obstructed the head's advancing was no other than the forehead's being to the pubes. He then introduced and fixed the forceps along the ears, but could not move or alter the forehead to

the side and back part of the pelvis ; yet, by dint of pulling with great force, he at last delivered the head as it presented. The child was alive, and the mother recovered.

He sent me an account of two other cases, in which the head presented fair ; but as the women were much fatigued and weakened before he was called, he delivered each with the forceps, and saved the children as well as the mothers. One of the women was violently cramped in her limbs when he introduced the forceps, and the other was attacked with a flooding.

COLLECTION XXIX.

LABORIOUS CASES OF WOMEN DELIVERED BY THE FORCEPS,
THE VERTEX PRESENTING, THE EAR TO THE PUBES,
AND THE HEAD HIGHER IN THE PELVIS.

CASE 262.—*Hæmorrhage; Exhaustion; Head High; Forceps Delivery; Child Dead.*—I was called to a poor woman in the year 1745, who had been deserted by her midwife; so that I received but an uncertain account of the case. I was told in general, that she had lost a great deal of blood, and that her midwife had fatigued and wrought on her very much. I found her pulse very weak, her countenance pale, and cold sweats on her extremities. The mouth of the womb was largely opened, the membranes were broken, the head was small, and down to the middle of the pelvis, the occiput to the left ischium, and the ear towards the right groin. I was told that the labour-pains had all along been trifling, and had entirely left her after the waters came off.

As the flooding was mostly abated, I ordered her to take some broth or brown caudle to support or nourish her. Having sent for those who were under my instructions, we attended some time to see if the labour-pains would return, but to no purpose. Being afraid of censure if she should die undelivered, I thought it was proper to supply the place of the pains by assisting the delivery with the forceps, especially as she had formerly bore children, and the head was small. The ears being to the pubes and sacrum, I

kept her on her side, and applying each blade of the forceps, brought down the occiput to the lower part of the left ischium, and turned the forehead backwards to the sacrum ; then I delivered the head by turning the handles of the forceps forwards to the pubes, the thighs of the woman being kept asunder by a thick pillow placed betwixt the knees, at the same time supporting the perineum with one of my hands, to prevent its being tore.

Thus the patient was safely delivered of the child, and afterwards of the placenta ; for though she continued long weak, she at length recovered. The child appeared to have been dead two or three days, the lips and scrotum being livid.

CASE 263.—*Primipara ; Tedious Labour ; Head Transverse ; Delivery by Forceps.*—In the year 1746, I was called to a woman in Parker's Lane, who, as the people about her alleged, had been in labour eight days ; they said three midwives had attended and left her ; that she was very poor, and in a starving condition. I found the head of the child, in time of a pain, pushed down with its vertex to the lower part of the left ischium ; but after the abatement of the pain, which was very weak, it was retracted to the upper part.

As this was in the middle of the day, I sent some broth and bread from a cook's shop in order to refresh her. I found by her own relations that the midwives had all tried to deliver her by hurrying and placing her in different positions ; so that she had got little or no sleep for two nights ; that the waters came off the preceding day, and her pains had never since been stronger. Her pulse was weak and low ; but on taking a little nourishment she recovered some strength.

After having sent for those who were under my instructions in midwifery, I left her to the care of one of the elder pupils ;

advising him to keep her quiet in bed, and to give her from time to time a little broth or brown caudle ; for although I found the case was such that I could deliver her with the forceps, yet I thought it was better to try if she could be delivered by the labour-pains, which I hoped would grow stronger after she should have enjoyed some refreshing sleep, and her strength should be recruited by nourishment.

I was called again about one o'clock next morning, when I understood she had every now and then slept betwixt the pains, which recurred at long intervals, and were still weaker than I expected, considering that her strength and spirits were much recruited. I found the head was in the same situation, and still drawn back as before. After examining more narrowly, I could easily feel one of the ears at the pubes, the fore part of it being upwards and towards the right side. Perceiving the head was not large, I told the attendants, that the delivery seemed to be retarded by the contraction of the uterus before the shoulders and the weakness of the pains, which had not force sufficient to overcome that resistance ; that I did not question, as she was now stronger, they might in time be sufficient without any other assistance ; but I thought it a pity to keep her longer in such a situation, as I could easily assist with the forceps, by pulling along the head by little and little every pain, and preventing it from being afterwards retracted.

Accordingly I kept the patient on her side until I applied the forceps, as in Case 239, then tied the handles together with a fillet, and turned the patient on her back, as in Case 223. These previous steps being taken, I pulled gently during every pain, until I brought the head a little lower, and could turn the forehead from the right side of the pelvis to the sacrum. After this change was effected, I continued to assist and bring the head lower ; and the parts below were gradually pushed out with the head in form of a large tumour.

This being the woman's first child, the frænum felt very rigid, and was stretched with difficulty ; and the perineum and parts about the fundament and os coccygis felt still very thick. As I continued to keep down the head and assist by pulling during every pain, these parts were more and more stretched, and became thinner ; and the os externum was at last so much dilated, as to allow the head to pass and be delivered, as described in the last-cited case ; but more than half an hour elapsed after the head was brought low down, before the os externum was so much dilated that I durst venture to pull up the head from the perineum, which I was afraid every time I pulled would crack and give way ; for it was now as thin as a piece of parchment at the edge, and was lengthened to more than three inches.

[The slowness with which the head was brought through the os externum in this case deserves particular attention, since by this course apparently the woman escaped laceration of the perineum. There can be no doubt many perineal lacerations occur that might have been avoided had the operator more closely imitated the example of our author and allowed more time for the dilatation of the parts. Young or inexperienced practitioners are very apt to err in this particular, and to be swayed by the idea that expedition in the operation gives more *éclat* and brilliancy to its performance. I always endeavoured to impress on my class the paramount importance of patience and deliberation in all obstetric operations ; and with this view, that they should ever remember two short maxims, as regulators of our conduct on these occasions, viz. *arte non vi*, and *festina lente*. In fact, obstetric operations differ from nearly all other surgical operations, in this one important particular, that we are dependent on one sense to guide us, namely, the sense of touch, and hence a necessity for greater caution and deliberation in our movements.]

CASE 264.—*Convulsions ; Forceps ; Mother and Child saved*.—I was called in the year 1749, about seven in the morning, to a woman near the Seven Dials. The midwife told me, that when she was called the previous evening,

she had found her in pretty strong labour-pains; that about twelve the waters came off; immediately after the discharge of which the patient was thrown into violent convulsions, which went off and returned three or four times; and she had dozed and lain stupid betwixt the fits. I examined, and found the head of the child lying much in the position described above; only the head was lower down, and the occiput to the under part of the right ischium. I could also plainly distinguish the lambdoidal crossing the end of the sagittal suture, the head squeezed to a longish form, one of the parietal bones riding over the other, and the fontanel up at the middle of the left ischium.

During the time of my examining she was thrown into a fit, which lasted near a minute, and acted much the same as a labour-pain, by pushing the head a little lower, though it returned gradually to the same place, as the violence of the convulsion abated. The midwife had not observed this circumstance in time of the former fits, but told me that it had continued in that position without advancing for two or three hours. As the woman's pulse was quick and full, I ordered her immediately to lose eight ounces of blood; and desired the midwife to send for me if the convulsions should return and the delivery be much longer delayed. The woman was now quite insensible, and did not seem to answer or take notice even when we called to her aloud.

I was again sent for about nine, when the midwife informed me that the fits had returned oftener and with greater violence. I found the head in the same position, but about an inch lower, and I now could feel the ear at the pubes. I tried to stretch the os externum gradually every now and then, to see if it would bring on a labour-pain, but to no purpose. In about twenty minutes she was attacked with another fit, which was very violent, continued longer than the former, and had much the same

effects. I then considered, that although it was probable the repetition of these fits might act in the same manner as labour-pains, and deliver the child, yet the continuance of them might still more and more endanger the life of the woman. Therefore I easily stretched the os externum as she lay on her side, and introduced the forceps as in the former case; and as I found the head was large, I also tied the handles of the forceps, and turned her on her back. After I had brought the forehead to the hollow of the os sacrum, and was beginning to deliver the head in a slow manner, she was attacked with another fit; and as the os externum easily yielded, she was safely and soon delivered. The fits did not return; she fell into a plentiful sweat. The stupidity gradually wearing off, she next morning recovered her senses, and was agreeably surprised to find herself delivered and the child alive.

[It is very surprising how some patients recover after a great number—twenty, thirty, or even more—fits, while others succumb under three or four; and the same may be said in regard to the foetus. That it should have been saved in the above case was contrary to all expectation. Two of my hospital patients had twenty-nine fits each—before, during, and after labour—and yet they both recovered. During my mastership of the Lying-in Hospital (Dublin) thirty-six cases of convulsions, during pregnancy or childbed occurred. Twenty-three of these were women pregnant of first children. Of the entire number twelve died, most of whom had been in labour or affected with the eclampsia for hours before admission, and receiving no treatment, or gross mal-treatment. Two of the twelve women died undelivered, and seventeen others were delivered by the natural efforts. The greatest number of fits that any one patient had was sixty-one, the fits having begun before the accession of labour, and continued without interruption to the time of death, some hours after delivery.

With regard to the use of the lancet, I find, on reviewing my cases, that fifteen were bled from the arm to the extent of twelve or twenty ounces, and of these fifteen three died; whilst of twenty-one cases which were not bled, nine ended fatally. The urine was ex-

amined in all the cases, and in twenty-one of them the ordinary tests demonstrated the presence of albumen, and in several of these cases no œdema whatever was present.

One case made a strong impression on my mind, as showing the influence of pressure on the kidneys in the production of uræmic convulsions. The fits came on early in the labour, and as there was great distension of the uterus, from the excessive quantity of the liquor amnii, I ruptured the membranes and let off some pints of fluid, after which the convulsions entirely ceased, though the woman was not delivered for several hours subsequently.

Dr. Collins drew attention to the fact of the extreme rarity of convulsions under any other presentation but that of the head. Among the thirty cases recorded in his 'Report of the Dublin Lying-in Hospital' only one child presented preternaturally. With regard to this point it is worth mentioning that two of my cases of convulsions bore twins, and that in one of them the children presented with the foot and with the head, while in the other the children presented with the foot and with the arm. Each patient was pregnant for the first time. These two cases, therefore, were highly exceptional, both as to the presentation and as to the twins; and yet it deserves to be noted, as a remarkable example of coincidence in obstetric practice, that both of them occurred nearly at the same time in the year 1855, and immediately after one another. In one the fits, eleven in number, did not commence till after labour, and she recovered; in the other case they commenced during the labour, continued after delivery, and proved fatal by extensive apoplectic effusion into the ventricles of brain.]

CASE 265.—*Primipara; tedious Labour; Forceps Delivery; Sacral Blade first applied.*—In the year 1750, I was sent by a relation to see an unfortunate woman, who was pretty old, and in labour of her first child. She was in a low and weak condition, partly from grief and anxiety, and partly from having been excessively fatigued by the midwife, who wanted to hurry over the labour as soon as possible. The membranes had broken the preceding day, and it was now about five in the morning. I found the head presenting, and down to the lower part of the pelvis, though it had

not begun to push out the soft parts in form of a tumour. I could not distinguish the position of the head from the sutures, the hairy scalp being so much swelled. However, I judged that the forehead was to the left side of the pelvis, from feeling a part of the head pressed strongly against the lower part of the right ischium, and sloping upwards to the middle of the left: I could but just reach the tip of the ear at the pubes with my finger, the head was so large, and so strongly compressed against that bone.

I was informed that the pains had been very strong, though now they were weak, and recurred at long intervals. Her pulse was sunk, and she was taken with faintings and sickness at her stomach, which produced violent retchings. These, however, supplied the place of labour-pains, and assisted the delivery by forcing down the head. To encourage these efforts, as well as to recruit her strength, I directed her to drink every now and then a little warm wine and water; and in this manner she proceeded for about an hour, when finding the head had made but small progress, and being afraid that her spirits would fail, I thought it was most expedient to call in the assistance of the forceps.

After having gradually dilated the os externum, as she lay on her left side, I tried to introduce my finger between the head and the pubes to the os uteri, in order to guide the point of the blade; but finding there was not room for both, and being afraid of hurting the bladder, I turned her on her back, so as that she lay in the same position and was supported in the same manner described in Case 223, with this difference, that as the season was very severe, I ordered a vessel with hot water to be placed under the bedside, that the warm steams might mitigate the cold, to which she was more exposed in this than in the other position.

Having fully opened the os externum, I turned the back

of my hand down towards the sacrum, and raised or scooped up the head gently to the upper part of the pelvis ; and now with my fingers I felt the right ear backwards, and the posterior part of the neck at the right side ; and distinguished that the pelvis was not distorted, though the head was large and squeezed to a great length. Thus informed, I introduced one blade of the forceps at the back part before I withdrew my hand ; then insinuating the other at the left side towards the left groin, I moved it gently to the space below the pubes, and over the child's ear. The instrument being locked, I pressed the occiput from the right ischium with two fingers, while I gradually turned, as I pulled, the forehead backwards to the sacrum, and delivered the woman with the same precaution I had observed in the second case (No. 263) of this collection.

[Smellie tells us here that, after turning the woman on her back, he insinuated his hand into the vagina, and having raised or scooped up the head he was able to feel the right ear backwards, and (consequently) the posterior part of the neck at the right side. Knowing which ear is in front (or behind) we can tell whether the occiput is to the right or left side of the pelvis, which is just *the* point of importance to be assured of, in order to guide the rotation of the head. Of course it is always of advantage to obtain the greatest possible precision in our diagnosis of the cranial position, but even if we possess no further information than that just pointed out, it will be sufficient to keep us from committing a great blunder. In very many of his cases Smellie was content if he only made out this much, viz. to which side of the pelvis the occiput lay, and possessing certain information on this point he was enabled to use the forceps with confidence and decision.

In most of these cases we may observe that he passed his hand fairly into the vagina before proceeding to operate, in order to ascertain the exact position of the head and its size relatively to the pelvis. No doubt this mode of investigation is far superior to mere digital examination—unless the accoucheur is possessed of very long fingers and a highly educated sense of touch—and forms part of his instructions in regard to the use of the forceps in Vol. I, p. 262.

This examination with the hand is somewhat painful to the patient, but it may be deferred till she is under chloroform. I dwell on this point, as I am very sure the forceps is often employed when the operator has only a very imperfect knowledge, or no knowledge at all, of the position of the head in the pelvis; and I am sure there is often too much diffidence about using the *hand*, as pointed out by our author, for the purpose of acquainting ourselves with the condition of the pelvis, and the relative position occupied in it by the foetal head.]

CASE 266.—*Narrowing of Brim ; Forceps applied diagonally and then laterally ; Delivery.*—In the year 1745, betwixt eleven and twelve at night, I was called to a woman by a midwife, who told me the patient had been two days in labour; that the waters had been discharged the preceding day; that there was a cross-bone, which prevented the child's head from coming along, and had been the occasion of her losing two children before; and that, as the pains were grown weaker and the woman was much fatigued, she had desired the relations to demand assistance.

I found the head pretty nearly in the same position as that described in the former case, though higher up; but as I did not think the woman in great danger, and learned from the different accounts, that she had been put too soon upon labour and was over-fatigued, I desired she would lie quiet in bed, without forcing down, except when she was obliged by the pains.

She complained of great pain at the juncture of the ossa pubis, as well as behind, where the ossa innominata join the sacrum; and her pulse being low, and the labour-pains weak, I prescribed the following cordial and anodyne mixture.

R *Aq. Cinnamom. Simp.* ℥vss. *Pulv. Castor.* gr. x.
Sal. volat. C. C. gr. vj. *Syr. e Meconio* ℥ss. *M.*
Sumat. Cochlear. 11 *statim, et repet. omni semihorâ.*

In consequence of this prescription, she lay quiet and

slept between the pains, so as to be much recruited by six next morning, when I received another call. The head seemed to be but small, although it was squeezed down to a conical and flat form. As she had formerly lost two children, I resolved to attempt the saving of this, especially as I could easily feel the ear at the pubes. Having gently dilated the os externum with my left hand as she lay on her left side, I raised the head to the brim of the pelvis, and with my fingers felt that the whole obstruction proceeded from the projection of the upper part of the sacrum with the last vertebra of the loins; at the same time I felt the back part of the neck at the right side.

After I had withdrawn my hand, I waited some time to see if the pains, which were but weak, would force the head lower down; but finding it did not advance, I introduced one blade of the forceps at the right side of the sacrum, along the back part of the child's right ear, in order to avoid the projection of the last vertebra of the loins, then insinuated the second blade before the left ear, at the left groin of the mother, and as I brought down the head, I turned the forehead to the sacrum. This alteration being effected, I unlocked the forceps, and fixed them over the ears to prevent the child's head from being marked at the temples; and pulling slowly during every pain, safely delivered the patient of a live child.

CASE 267.—*Hæmorrhage; Forceps Delivery.*—In the year 1751, I assisted in a similar case. The woman was taken in labour, and began to flood violently; but the discharge abated when the membranes broke; and the patient being weak, I delivered her pretty much in the manner described in the preceding case.

CASE 268.—*Distorted Pelvis; Head locked in Brim; Delivery with Forceps on second trial; Child dead.*—In the

year 1753, my attendance was bespoke to a woman who had been rickety in her youth, and was very much distorted. The labour at first proceeded in a gradual manner, the membranes pushing down and dilating both the os internum and os externum before they broke; but after the waters were discharged, the pains ceased for some time. Upon examination, I found the pelvis was narrow and distorted; and with my finger felt the projection of the last lumbar vertebra; the pains, however, gradually returned and grew stronger, and the child's head advanced slowly. I did not confine her to any particular position. I had been called at ten o'clock at night; the membranes broke about four in the morning; at six in the evening she began to be very much fatigued; by this time the head was squeezed into a conical and flattened form down to the lower part of the pubes; and I found by the sutures that the forehead was to the right ischium. I now confined her to her bed, that she might not be over-fatigued; and she took her pains, lying sometimes on her back and sometimes on her side.

About three o'clock in the morning the head, squeezed to a great length, had advanced to the lower part of the pelvis, where it was so firmly locked, that I could not introduce my finger at the pubes, to feel the ear. But the patient being exhausted and weak, I introduced the forceps in the manner described in Case 266, and tried to turn the forehead to the sacrum. These endeavours proving ineffectual, I withdrew the instrument and waited till about six o'clock, when the head was pressed a little lower down; then having recourse to the forceps again, I succeeded, and safely delivered the woman, as in Cases 263 and 266, yet she complained very much of the distention and contusion of the parts. As for the child, it was dead; and its death, in all probability, occasioned by the long compression of its brain. Its head was squeezed to a very extraordinary length; a circumstance from which I at

first imagined it was lower in the pelvis than it afterwards appeared to be.

CASE 269.—*Difficult Labour ; Narrowness of Brim ; Forceps applied diagonally.*—A midwife, who had formerly attended a woman of a small size, in a labour which had been very tedious from the difficulty in bringing along the head of the foetus, which was still-born, the head being compressed to a prodigious length, and the woman's life greatly endangered ; in order to avoid censure, and prevent as much as in her lay the bad consequences that might attend her second labour, she had recourse to my assistance. The patient being a poor woman, I went, accompanied by three of my pupils, and found the child's head pushed down but a very little way into the pelvis, the forehead resting upon the left side of the upper part of the os sacrum, and the hind head against the right groin. We likewise felt the sagittal suture running along towards the left of the os sacrum, and the hairy scalp of the foetus very much tumified.

The patient being laid on her back, and her breech brought to the bed's feet, I opened the os externum slowly, and pushing up my hand along the side and posterior part of the pelvis, felt the left ear of the child, by which I knew the forehead was towards the back, though a little to the left side of the woman : I at the same time felt the upper part of the sacrum and lowest vertebra of the loins projecting so far forwards as to reach within three inches of the ossa pubis. The pains being still pretty strong, I waited some time to see if the head would advance, but it made not the least progress ; the pains and patient grew weak, and the uterus was strongly contracted.

As the former child had been lost by the long pressure on the brain, I resolved to try the forceps ; and should that method prove ineffectual, as I feared it would, to open

the head and deliver with the crotchet. Having therefore introduced the steel extractors, which on this occasion I preferred to those made of wood, I fixed them along the sides of the ears; and pulling downwards, at first, with a good deal of force, when I found the head descend to the lower part of the pelvis, I turned the forehead into the hollow of the os sacrum, so that the hind head came out from below the os pubis; then directing one of my pupils to press the flat part of his hand against the perineum, which was very much distended, I raised up the forceps, and pulled the head half round, forwards and upwards, on the outside of the pubis. I afterwards delivered the body of the child, which was of a small size, and the lower parts were besmeared with meconium.

One blade of the forceps had been fixed along the fore part of the ear, and rested on the temple, while the other extended along the back of the left ear to the cheek; and the impression which they made was very inconsiderable. As for the woman, she recovered much better than I could have expected. When I afterwards introduced my hand to deliver the placenta, it went up with difficulty; and I was then confirmed in the opinion that the distance between the projection of the lower vertebra of the loins and the os pubis did not exceed three inches.

I had before this occasion contrived a particular kind of wooden forceps, with which I had delivered three patients; but I now substituted steel covered with leather in the room of wood, which is not so durable.

[This is almost the only occasion where he makes mention of his *wooden* forceps, the same which brought him into collision with a Dr. William Douglas. As I have alluded to this modification of the instrument at page 22 of Vol. I, I shall say no more about it at present.]

COLLECTION XXX.

OF LABORIOUS CASES FROM THE PRESENTATION OF THE FOREHEAD OR FACE, IN WHICH THE WOMEN WERE DELIVERED BY THE FORCEPS.

(*Vide* Vol. I, page 278, and Tabs. XXII, XXIII, XXIV, XXV, and XXVI.)

CASE 270.—*Forehead Presenting; Failure in Attempts to Rectify the Malposition; Delivery by Forceps.*—In the year 1748, I was called by a midwife to a woman in Windmill Street, who formerly used to have very quick labours; but this had been very tedious, from the wrong presentation of the child's head. The midwife told me she felt something like the eyes towards the patient's left groin. When I examined in time of pain, I found her information true, and that the forehead presented, with the face to the left side and the fontanel to the right. In this situation I understood it had stuck for a long time, without making the least progress, although the pains had been strong and frequent.

While she lay on her side, and took several pains, I considered the case at leisure. As the pelvis was large, I resolved, if possible, to alter the position of the head; and should I fail in that attempt, turn the child and bring it footling. But, after having dilated the os externum so as to admit my hand, I found all my efforts ineffectual, either to raise the forehead to the left side of the pelvis, that the vertex might come down to the other side, or to return the

head into the uterus, so as to deliver it by the feet ; for the uterus was so strongly contracted as to foil all my attempts.

Thus baffled in these endeavours, I introduced one blade of the forceps along the left ear at the pubes, and the other on the opposite part at the sacrum ; and began to turn the face backwards to the left side of the sacrum, that the vertex might come out from below the pubes ; but recollecting that the vertex would be turned so far up between the shoulders as to render the delivery difficult, I reduced the face to its former situation at the left side ; and bringing the head by degrees lower and lower, very easily turned the face and chin to the space below the pubes ; then holding the handles of the forceps towards the patient's belly, delivered the child, whose forehead was raised in a conical form, while the back part of the parietal and occipital bones were squeezed flat. I tried with my hands to mould it into a better shape ; but it had been so long compressed, that I could not alter the form.

[I would infer from this description that the head was in the third position, with the neck very much extended, so that a very little further extension would have converted the presentation into one of the face. Having begun to rotate the forehead round towards the sacrum, he recollected that the extended position of the head would probably hinder the accomplishment of this movement. Eventually he seems to have extracted the head as in Case 259, viz. bringing the face from underneath the pubic arch, and then liberating the occiput from the perineum.]

CASE 271.—*Face Presentation ; Tedious Labour ; Chin to Pubes ; Delivery by Forceps.*—In the year 1749, I attended in a case where the face presented. The waters had been several hours discharged, and the midwife told me, that the head had stuck a long time in that position without advancing in the least. When I examined, I found the chin to the lower part of the pubes, and the forehead to the os sacrum. The patient being greatly

fatigued, and the force of the pains very much abated, I resolved to assist as soon as possible with the forceps, in order to deliver the child, which I knew to be alive : for, in examining the situation of the head, my finger slipping into the mouth, I felt it move its tongue and lower jaw ; though I did not mention this circumstance to the mother, that she might not be overwhelmed with anxiety, in case it should be afterwards still-born.

[No doubt this showed some consideration for the feelings of the patient ; but if the child be dead-born the disappointment to the poor mother is all the same, whether the child died sooner or later in the labour. By assuring her, however (as he might conscientiously have done), that her child was still alive, he would have infused fresh courage and hope to sustain and cheer her in the prolonged struggle she was enduring. As the knowledge or suspicion of her child being dead has a very depressing, hurtful effect upon the parturient woman, in the same proportion is the beneficial influence resulting from the assurance that her offspring still lives, and that her pain and sorrow have not been in vain. Denman makes very nice allusion to this point :—"The distress and pain," he observes, "which women often endure while they are struggling through a difficult labour are beyond all description, and seem to be more than human nature would be able to bear under any other circumstances. The great principle of all their patience and resolution is, perhaps, that deep-rooted affection of the parent to the offspring implanted in the female mind In long-continued labours it is, therefore, proper, by frequent allusions to the child, to encourage and strengthen the former principle." ('Midwifery,' seventh edition, p. 264.)]

The ears being to the sides of the pelvis, I caused the patient to be laid supine across the bed, as in Case 223, and having gradually dilated the os externum, endeavoured to introduce the fingers of my right hand to the os uteri, at the left side of the pelvis ; but I could neither reach that part nor raise the head to make more room for my fingers. Then I tried to insinuate a blade of the forceps,

between the head and my fingers, in an imaginary line, with the scrobiculus cordis; but finding a considerable resistance, and being afraid that the blade would pass on the outside of the os uteri, I withdrew the instrument. However, after two or three trials, in which I kept the point closer to the head of the child, I effected my purpose, and introduced the other blade on the opposite side in the same slow and cautious manner. Then locking and tying the handles together with a fillet, I began to pull during every pain, and as I pulled with my right hand I pressed down the chin with two fingers of my left. The perineum and parts below were now pushed out in form of a large tumour; the anterior part of the neck being brought down to the lower part of the pubes, I turned the handles of the forceps towards that bone, pulled the head upwards so as to raise the parietal and occipital bone from the back parts, and bring them slowly with a half-round turn upward through the os externum; and, at the same time, I kept my left hand firmly pressed against the perineum, in order to prevent its laceration. I afterwards delivered the body of the child, whose face was livid and very much swelled, though the ecchymosis went off as the tumefaction subsided. The form of the head, which was squeezed to a great length, I altered a little, by pressing the vertex and forehead between my hands.

CASE 272.—*Face Presentation; Tedious Labour; Attempts at Turning; Delivery by Forceps.*—In the year 1746, about nine o'clock in the morning, I was called by a gentleman who had formerly attended my lectures, to a woman in labour, and found the child's face presenting. He told me a midwife was employed to deliver the patient, but his attendance had been bespoken in case any extraordinary incident should intervene; that the case having turned out a preternatural position of the head, his assistance was

solicited, and he had that morning made several unsuccessful attempts to raise it into the uterus, and bring the child by the feet.

As I could not accompany him immediately to the place, the midwife, in the mean time, called in another practitioner, who, when I arrived, proposed that the woman should be delivered with the whalebone and fillet. Upon examination I found the face presenting, about two thirds of the head down in the pelvis, which I concluded to be large, because her former labours had been quick and easy, and the chin at the lower part of the right os ischium. I therefore gave it as my opinion that she might be easily delivered with the forceps; but desired the other gentleman to take his own way, if he thought it a better expedient. Upon his declining the task, and the other's request that I would lay the woman, I caused her breech to be moved to the fore part of the bed, as she lay on her right side, and a pillow to be placed between her knees, which were held up towards the abdomen.

These previous steps being taken, I introduced the fingers of my right hand up the vagina, between the child's head and the os sacrum, until I felt the os uteri, and insinuated one blade of the forceps along the ear, holding the handle down towards the chin, that the blade might go up in a line to the vertex, which was above the brim of the pelvis to the left side. As the point passed the os internum, I withdrew my left hand, to allow room for turning the handle backwards to the perineum, that I might the more easily push the point forwards, and follow the convexity of the sacrum. Taking hold of the handle with my left hand, I introduced the fingers of my right betwixt the pubes and the child's head, to the os uteri, and insinuating the other blade betwixt the head and my fingers, gently pushed it within the mouth of the womb; but as it met with some difficulty, I withdrew my fingers

to give more room, and pressing the point closer to the head, introduced it slowly and with great caution, that the bladder and os internum might not be bruised.

Both blades being thus introduced in the same direction, and the handles locked together, I pulled gently, moving the head from ear to ear, until it was brought lower down into the pelvis; then, with the assistance of two fingers pressed above it, I turned the chin and anterior part of the neck forwards, from the lower part of the right ischium to the space below the pubes, so that the forehead was at the same time turned from the left ischium to the lower part of the sacrum and coccyx; lastly, I moved the handles towards the pubes, and delivered the woman of a child, whose face was swelled, and whose head was compressed like that described in the former case: the long compression had rendered the arms paralytic for several days, though this misfortune was soon remedied by friction and embrocations.

CASE 273.—*Face Presentation; Chin to Sacrum; Failure at Version; Delivery by Forceps after Rotation of Face.*—In about two months after the foregoing case happened, I was called by a midwife to a woman in labour, and found the child's face presenting, and so excessively swelled, that I at first mistook it for the breech; but, on further examination, I felt the mouth and chin towards the sacrum, and the fontanel at the pubes.

The midwife told me, that the waters had been long discharged; that notwithstanding a succession of strong labour-pains, the head had made no progress for several hours; and that as the pains had greatly abated, she desired the relations to demand farther assistance: at the same time she gave me to understand that the woman's former labours had been quick and easy.

Her strength and spirits being exhausted, I encouraged

her with hope, and refreshed her with a glass of warm wine; then directing them to place her in the position described in Case 271, I gradually dilated the os externum. This dilatation being effected, I introduced the fingers of my right hand between the sacrum and the chin, and raised the head to the upper part of the pelvis; but found the contraction and resistance of the uterus so great, that I could not possibly turn the child and bring it by the feet. I then introduced the blades of the forceps along the ears, holding the handles as far back as the perineum would allow, that the blades, being in a line with the middle space between the umbilicus and scrobiculus cordis, might be nearer the vertex, and have a better hold of the head. Having locked the handles, I endeavoured to bring the head lower down, but could not move it; then I tried to turn the chin, first to one side, and then to the other; failing likewise in this attempt, I pushed up the head, moving from blade to blade, and turned the chin to the upper part of the left ischium; but as I again endeavoured to bring down the head, the chin stuck so fast that I was afraid of straining the lower jaw, and obliged to push up the head a second time with the forceps. I now introduced two fingers above the chin, and pulling the forceps with my left hand, brought it down to the lower part of the ischium, and turned it with the fore part of the neck to the space below the pubes; then standing up and pulling the handles towards the abdomen, delivered the head, which was greatly tumefied. Nay, after the body was delivered, the child lay a long time without breathing or giving any signs of life.

CASE 274.—*Face Presentation; Chin to Sacrum; Forceps Delivery; Child Dead.*—In the year 1752, I was called to a woman who had been long in labour, and found the face presenting with the chin to the lower part of the sacrum,

though a little to the left side ; indeed, the face was so low down, as to protrude the parts of the woman in form of a tumour ; and her pains were by this time much weakened. The weather being extremely cold, I allowed her to continue lying on her side, though a supine position would have been more convenient ; and causing her breech to be moved a little over the bed-side, while her head and shoulders lay towards the other side, I introduced the forceps as in the former case : but finding it impracticable to raise the head, I was obliged to pull it along in the time of every pain, as it presented. The parts between the coccyx and os externum were gradually extended by the face and forehead of the child, and at last yielded, so as to allow the vertex to come out from below the pubes ; then turning the handles of the forceps towards the bone I delivered the woman safely of a dead child, which was, in all probability, lost by the long compression of its head in the pelvis.

[This case, like No. 136, is remarkable on account of the direction of the face in passing through the outlet, viz. with the chin to the sacrum and the vertex to the pubes. In the former instance (No. 136) the head was expelled in this position by the pains alone ; but in the present case the delivery had to be completed by the assistance of the forceps. He first tried to alter the position of the head, but, finding this to be impracticable, he then drew it forth as it lay.]

COLLECTION XXXI.

LABORIOUS CASES IN WHICH THE HEAD OF THE CHILD PRESENTED, AND THE CHILD WAS DELIVERED WITH THE ASSISTANCE OF THE HAND, BLUNT HOOK, OR CROTCHET.

(*Vide* Vol. I, p. 288. Anatom. Figures, Tab. XII, XVI, and XXVIII, also XXXIX.)

[In the original edition of Smellie's midwifery the following collection was placed at the commencement of his third volume, but for the sake of convenience it is brought in here. As it completes the series of "Laborious Cases," we may fairly consider this to be the most proper place for it.]

CASE 275.—*A Dropsical Head opened with the Scissors; Delivered by the Labour-pains with the assistance of the Hand; Child putrid.* (1746.)—Early in the morning, a midwife sent for me to a poor woman, and allowed me to bring one of my pupils as an assistant.

The patient had been all night in strong labour; and, after the membranes were broken, the midwife also told me that she suspected the head presented wrong, having found the fontanel turned to the pubes.

At first when I examined, I was of her opinion, and imagined with her that this position retarded the delivery; but, on a second trial, and introducing my finger backwards towards the sacrum, I found a large open space also betwixt the bones of the head.

Both the midwife and assistant being sensible of the same, I told them that the difficulty of the case was oc-

casioned by the head's being dropsical, and so much distended, that it would not pass, unless the hairy scalp was forced out with the contained waters, or perforated, to allow their discharge. The midwife said, if that was the case, it would be proper to relieve the woman of her misery as soon as possible, especially as she appeared to be much exhausted with the length of the labour, and had fainted several times.

Having again examined in time of a few pains; and finding that the hairy scalp did not push down, that the pains grew weaker, and the patient being seized with another fainting fit, I also thought it was wrong to delay the delivery any longer. The weather being warm, and the woman unprovided with cloths to sponge up the moisture, I had her laid across the bed, with her breech a little over the side, and, in time of a pain, introduced two fingers of my left hand into the vagina. These I pressed against the open space betwixt the bones of the cranium; then, with my other hand, introduced the points of the scissors along my left, and betwixt the two fingers, to prevent their hurting the woman. The pain abating, I waited till another returned; and when it was at the strongest, I perforated the scalp, by pushing the point of the scissors through the integuments. The waters immediately gushed out, about three pints, in a full stream, into a two-quart basin, which the midwife held to receive them.

The head being thus emptied, was forced down into the vagina; and this being her first child, it was in a few pains more delivered. During these, however, a pint more of water was squeezed out, so as to fill the vessel.

As the pains were weak, I assisted, by pulling at the opening with my fingers. The child had been dead several days.

CASE 276.—*Another Dropsical Head opened with the Scissors, and Delivered with the assistance of the Blunt Hook; Child putrid.*—This same midwife called me to

another woman two years after, having, by her experience of the former case, found it was also a dropsical head, the bones of the cranium being separated at a great distance from one another.

The woman had not found the child stir or move for several days, and but very weakly for a week or two before; the membranes had broken the day before; the pains had been frequent and strong; but the head did not advance.

In time of a pain, I found the hairy scalp very tense, and the os uteri fully open; when the pain abated, the bones of the cranium felt loose, and easily moved within the scalp; which was a certain sign that the child had been dead some time, and that it would be wrong to keep the woman longer in pain.

As she lay on her side, I perforated the scalp, as in the former case, and received the waters on cloths laid below her for that purpose. Although there was a large quantity discharged, and the bones felt in a shattered condition, riding over one another, yet, even after many strong pains, they were only advanced to the middle of the pelvis.

I then tried to assist, by pulling at the opening with my fingers; but that purchase not being sufficient, I introduced the blunt hook within the skull. With the assistance of that instrument and my fingers, I gradually extracted the head; and the body being small, was easily delivered. The child appeared to have been dead several days, from the parts being livid and the scarf-skin separating on the least touch.

It is worth remarking, that although the woman had the confluent small-pox in the fifth month of her pregnancy, she recovered, and went on to her full time, there was no mark of that disease to be found on the body of the child.

CASE 277.—*A Laborious Birth from the Large Size of the Child and the Smallness of the Pelvis, Delivered with the*

Blunt Hook after Perforation ; Death of Patient.—In the year 1727, I was called in the forenoon to a woman at some distance in the country, who had been several days in labour. She had been delivered twice before with great difficulty, although the children were small, and before the full time.

The midwife told me, that the waters were gone off two days ; and although the pains had been very strong, it was a long time before the head came down into the lower part of the pelvis. She had been in hopes that it would have been delivered every strong pain, during all the foregoing night ; but as the pains went off, and the woman was grown weaker, she advised the friends to send for further assistance.

On examining, I found the pudenda very much swelled, the head low in the pelvis, and a large tumour on the vertex, protruded through the os externum.

The woman's pulse was low, intermitting, and like one in a dying condition ; her pains were also very weak, and returning at long intervals. I informed the friends of the great danger the woman was in, even if she were delivered, owing to her extreme weakness ; but told them, as a speedy delivery was the only method to save her life, I should do all in my power.

As she lay on her side, I tried to force up the head, to give more room in the pelvis for introducing a fillet over the vertex ; but it was so low down and firmly locked in, that I could not move it.

This method failing, and as there was no time to be lost, I opened the head with the scissors, and introduced the blunt hook on the outside of them ; then I tried to deliver, by pulling that instrument with one hand, while with the fingers of the other I assisted in the opening ; but the hook losing its hold, I introduced it on the other side of the head ; and as it did not give way as before, the cerebrum

was gradually discharged at the opening, as the head advanced; after which the child was soon delivered.

On examining the body, I was certain it had been dead many hours before delivery; for the lips and scrotum were of a livid colour. The first hold of the hook was on the back part of the neck; the second was on the fore part, above the lower jaw.

The swelled parts of the woman were turned black and livid; from which appearance I suspected a mortification was also probably begun in the uterus, especially as she had complained of violent pains in the abdomen the night before; but they had been gone off for some hours, and therefore the assistants did not inform me of this circumstance till after delivery.

I was informed next day, that the patient gradually grew weaker, turned delirious, and died next morning. I am now pretty certain, from many examples since, that if I had been called the day before, the woman would have been saved. I am also convinced, that if I had known the use of the forceps, I should not have been obliged to open the child's head, especially as it was so far advanced, and the pelvis not distorted.

CASE 278.—*A laborious Case, the Head low; attempted first to turn; tried the Fillet; but was obliged to Deliver with the Crotchet, the Child being dead and the Abdomen swelled.*—In the year 1732, I was called to a woman who had been long in labour, and had not felt the child move or stir for twelve days; since which time she had been thrown into great fear by a fall from a horse, and on that account the midwife supposed the child was dead.

When I examined the case, I found the head of the child advanced to the lower part of the pelvis; the discharge on the cloths was of a brownish colour, and had a strong mortified smell; the patient was much exhausted.

with the length of her labour, and her pains were weak.

Having placed her in a supine posture (as described in Case 223), I tried to turn and bring the child by the feet, but could not raise the head above the brim of the pelvis. In making this effort, I was convinced that the obstruction of the delivery did not proceed from a narrow pelvis or a very large head.

With a good deal of difficulty, I introduced a fillet, in form of a noose, over the fore and hind parts of the child's head.

This being effected, I pulled gently every pain, which did not, however, move or alter the position; this obliged me to increase the force, by which the fillet slipped from its hold.

As there was no time to be lost, I opened the head, and tried to deliver it as in the foregoing case; but not succeeding, I withdrew the blunt hook, and introduced a straight crotchet, by which the head was extracted, after using a good deal of force.

On trying to deliver the body, I was surprised that I could not bring it along; and suspecting the difficulty was owing to the bulk or monstrous deformity of the child, I introduced the straight crotchet along the breast; but it lost its hold, after it had tore open the thorax.

I again introduced the same instrument, as high as the length of it would allow; and at last, with great force and labour, delivered the body.

Upon examination, I found the difficulty proceeded from the belly's being greatly tumified after death; and that the crotchet, at the first trial, had only tore open the breast; but, by opening the abdomen in the second effort, the swelling subsided.

The fillet had galled and torn part of the scalp from the occiput.

CASE 279.—*Difficult Labour; Head extracted with Forceps, Body of Child with curved Crotchet.*—In the year 1753, I was called by a midwife to a case of the same kind, where I extracted the head with the forceps; but not being able to deliver the body of the child, I was obliged first to tear open the thorax, and afterwards the abdomen. In this operation I found that the curved crotchet succeeded better than the straight kind.

CASE 280.—*A laborious one; Hæmorrhage; the Uterus contracted before the Shoulders of the Fætus; Failure of Forceps; Craniotomy.*—A midwife sent for me to an acquaintance of hers, at one of the workhouses, who had been five days in labour, and was neglected by the surgeon and midwife of the house in the year 1743.

The midwife told me, that she had been with her all night; that she had lost a great deal of blood; and that she thought the child was dead, as the woman had not felt it stir for two days.

On examining, I felt the head low down in the pelvis; but as she was so very weak, I desired the surgeon might be sent for, who was not to be found.

As there was still more danger in delaying longer, I thought it a pity to refuse giving all the assistance possible. I first tried to deliver with the forceps; but was surprised that I did not succeed, when I found the head was not large, the instrument easily introduced, and firmly fixed.

Not succeeding in the above method, I opened the head; and, in trying to deliver it with the assistance of my fingers and the blunt hook on the inside of the skull, I could not, with all my strength, bring it along. However, by extracting the occipital and one of the parietal bones, I had room to introduce my hand, so as to find with my fingers the under part of the uterus strongly girt or contracted round the neck of the fœtus. This I gradually dilated;

then bringing down one of the arms, and pulling at that and the shattered bones and scalp with both my hands, I at last extracted the child with greater ease than I expected.

In pushing up my hand to dilate, my fingers passed the mouth of the womb that was girt round the middle of the head, when I was surprised to find another contraction before the shoulders. This was the first time I observed that different parts of the uterus would contract so strongly, especially the under part before the shoulders, a constriction which has been commonly ascribed to the mouth of the womb.

The woman recovered contrary to expectation, but was long in a weak condition. By the livid appearance of the lips and pudenda of the child, it was pretty certain that it had been dead from the time the mother no longer perceived its motion in the uterus.

CASE 281.—*Difficult Labour ; trial of Butter's Forceps and of Fillet ; Craniotomy.*—In the year 1737, I was called to a case much of the same kind, only the head of the child was larger, and squeezed into a longish form ; the woman was also stronger, and had not been exhausted with floodings ; but as she had been long in labour, the head low, and the labour-pains quite gone off for several hours, I was afraid, if assistance was delayed, she would soon be in danger of her life.

I first tried to deliver the head with the French forceps recommended by Mr. Butter, in the ' Medical Essays of Edinburgh ;' but they were so long and ill-formed, that I could not introduce them safely to take a proper hold.

Although this case seemed very proper for the assistance of such an instrument, from the head's being so low ; yet as I had not been used to that method, I did not repeat the trial, but attempted to deliver with the fillet or lack ; which, though firmly fixed, had no power to bring along the head, though I used a considerable force in pulling by that hold.

This method not succeeding, I waited some time, as the pulling the head with the lack had brought on some pains ; but the woman growing weaker, and assuring me she had not found the child stir for seven or eight days, I thought it more than probable that it was dead, and the body so tumified as to prevent the delivery.

The woman and her friends being impatient, I thought it was wrong to run too great a risk of her life, and delivered the child, by opening the head, and extracting the body with the assistance of the crotchet. I could not deliver the head, even after the cerebrum and several bones of the cranium were discharged, until I had also opened the abdomen.

The body of the foetus was all over livid, and much swelled, so that it had certainly been dead the time the woman mentioned. She herself recovered, as if no such difficulty had happened.

[At p. 4 of Volume I, and again in Case 186, mention is made of this forceps of Dr. Butter, which was, in fact, the forceps of Dusé. As Smellie truly says, it was a "long, ill-formed" contrivance.]

CASE 282.—*A laborious one ; the Head of the Child high in a narrow Pelvis ; Hæmorrhage ; Delivered with the Hand and Blunt Hook after Perforation.*—Mrs. Muirhead, midwife in Hamilton, in the year 1724, sent for me to a woman at some distance in the country, who had been in severe labour for twelve hours after the os uteri had been sufficiently dilated and the membranes broken.

On examining, I found the head still above the brim of the pelvis, and kept up thereby the projection of the lowest vertebra of the loins and upper part of the sacrum. This straitened the passage, which felt not above two inches and a half from these bones to those of the pubes. I advised them to keep her quiet in bed, to prevent her being fatigued, and give time for the head to advance in a

slow progression, as well as to keep up her strength by refreshing sleeps betwixt the pains. These directions had the desired effect; but having waited from morning till night, and finding the head was only squeezed down a little, in a conical form, into the narrow part of the pelvis, I sent for another gentleman of the profession.

After we had waited all night to no purpose, observing that the patient grew weaker, and that the head did not advance, we thought it advisable to attempt the delivery, rather than to wait longer, and run too great a risk of her life; we also considered, that the pelvis was so narrow, it would be impossible to save the child's life; and, if it was uncommonly large, it would be even dangerous to the life of the mother.

Having placed her in a convenient position, and in a cautious manner opened the protruded scalp (which was much tumified), together with one of the parietal bones, with the scissors, I introduced two fingers of my left hand, and tried to pull down the head in time of the pains; but finding that purchase was not sufficient to move it, I introduced the blunt hook first within the cranium; but this not succeeding, was withdrawn; then I introduced two fingers on the outside of the head at the right side of the sacrum, and along the same the hook with my right hand, to the upper part of the head. After resting a little until a pain returned, and introducing again the fingers of my left hand into the opening, I began to pull; but finding this hold of the instrument forced the head too much against the pubes, I moved it forward towards the right groin, and then with my fingers and the hook, pulled the head backwards and down towards the lower part of the sacrum, at the same time desiring the woman to force down with all her strength.

To prevent as much as possible any injury to the parts of the woman, I repeated these efforts by intervals; which

at last brought along the head, squeezed in a long and flat form. This being effected, the body was delivered in a slow manner, but not without a good deal of force.

On examining the child's head, I found the first hold of the hook was above the ear, and the second on the opposite side, above the under jaw; the opening with the scissors was made through the left parietal bone.

My fingers and thumb had so firm a hold, as to assist in pulling the head backwards from the pubes, while the force above, with the hook, made the bones collapse, as the cerebrum was discharged through the perforated part; but although the head was small, it required a great deal of force to bring it through the narrow part of the pelvis.

The woman recovered tolerably well, but did not live to have another child. (*Vide Case 371.*)

CASE 283.—*Primipara; Deformed Pelvis; Hæmorrhage; the Child Delivered with the Curved Crotchet after Perforation.*—In the year 1753, I was called at three in the morning to a woman who had been a considerable time in labour, and felt the head of the child presenting; about a third part of it being pushed in a longish form into a very narrow and distorted pelvis.

As the patient seemed to be in no apparent danger, and as both herself and friends were anxious to have her delivered, and could not be persuaded to have more patience, I ordered a mixture to amuse them, and advised the midwife not to fatigue her any more, but to keep her as much in bed as possible.

When I called again in the afternoon, I found the head advanced a little lower, and the woman much refreshed with rest and sleeps betwixt the pains. I still encouraged her to have more patience, and continue to take every now and then some of the mixture.

I was sent for again next morning about two o'clock,

and found her strength much exhausted ; her pains, which had been frequent and strong, were now seldom and weak ; besides, a small flooding began to come on.

The head had not advanced lower, only the hairy scalp was formed by the long pressure, into a large tumour on the vertex, which prevented my knowing the exact position ; but as it was still high in the pelvis, I judged one of the ears was towards the sacrum.

Although I was afraid that the woman could not be delivered with the labour-pains ; yet as she imagined she felt the motion of the child, I waited many pains, and tried if putting her in different positions would forward the delivery ; but finding her spirits flag more and more, and the flooding increase, I began to be afraid of losing the patient if I longer delayed my assistance.

Having laid her in a proper position as described in Case 225, and dilated the os externum, I forced up the head, to be more certain of its position, but could neither reach the ear nor back part of the neck with my fingers, without using more force, which I durst not venture to exert on account of the flooding.

However, this trial made me sensible of the head's being so large, that there was no hope of saving the child by turning and bringing it footling ; and it was impossible to deliver it with the forceps.

To prevent further danger, I opened the head of the foetus with the scissors ; and, in time of the weak pains, tried first to deliver with my fingers and the curved crotchet, covered with its sheath within the opening ; but although in making different efforts, I pulled out the frontal, occipital, and right parietal bones, I did not succeed until the crotchet was slipped up on the outside of the shattered remains, above the under jaw.

As my fingers were cramped, I rested a little ; after which, untying and bringing down the sheath that covered

the point of the instrument, and finding it had a firm hold, I at last brought out the head.

Having wrapped a cloth round it, I made several trials to deliver the body, but could not move it with all my force, until I introduced the same crotchet along the breast and belly; and by opening these, as in the 4th Case, No. 278, of this Collection, I at last effected the delivery; and indeed not without much fatigue.

By the livid appearance of the child's body, the woman and friends were convinced that it had been dead for some time, and that the difficulty proceeded from the uncommon bigness, as well as the tumefaction of the abdomen.

This was the woman's first child; I attended her in a second and third; her labours were tedious and the children large, but at last safely delivered.

CASE 284.—*The Pelvis narrow, and the Child large; attempts at Version; Vomitings; Syncope; Delivered with two Crotchets after Perforation; Perineum rent.*—I was called by a midwife to a woman in her house in 1745; the child presented much in the same manner as the foregoing; she had pretty strong pains, and was every now and then attacked with severe fits of vomiting; but as she was in no apparent danger, I ordered a few draughts with the *Spiritus Mindereri*.

Being again called, and finding that the patient was growing weaker; and she being much fatigued with the vomiting that still continued, as well as the length of the labour, I at first tried to turn the child; but, in pushing up the head, I found it large, and the pelvis so narrow that the child could not be saved by that method.

I also found that the forceps or fillet could be of no service; however, I rested some time to observe if, after stretching the parts, they would allow more room for the head to advance lower; but finding no alteration, and she

being attacked with faintings, I immediately opened the head and tried to deliver with the blunt hook, as in the former cases.

The method not succeeding, and as the forehead was at the left side of the pelvis, I introduced one of the curved crotchets along the left side of the sacrum, above the under jaw ; but finding that purchase pulled the head against the pubes, I introduced the other at the opposite side of the sacrum, and moved it gradually over the occiput of the foetus to the right groin of the woman.

Finding that both the instruments had a firm hold, and locking them together in the same manner as the forceps, I began and pulled with greater and greater force, which brought down the head lower in the pelvis ; but as it stopped there, I unlocked the crotchets, and pulled by the one that was at the right side, by which it was forced backwards towards the sacrum, and delivered. Although I used all possible caution, yet it required so great force at the last pull (this being the first child), that the perineum was a little rent ; but by the prudence of the nurse, it recovered without the woman's knowledge.

CASE 285.—*The Face of the Child presented ; Chin to Sacrum ; the Head low in the Pelvis, and Delivered with the Crotchets after Perforation, and unsuccessful attempts at Turning, and use of Forceps.*—In the year 1746, I received a message from a gentleman of the profession, desiring me to come and assist him to deliver a poor woman, and to bring two pupils with me, which the patient had consented to, to make me some recompense for my trouble.

He had been with her all night ; her pains at first were strong, which growing weaker, he tried several times to turn the child and deliver by the feet ; but not succeeding, and being much fatigued, he had recourse to my assistance.

I also tried the same method to bring the child footling,

turning the woman upon her knees and elbows, according to Deventer's advice, that the pressure or force of the muscles of the abdomen might be diminished ; but after several trials, I could not move the head so as to introduce my hand into the uterus.

The face was much swelled ; and the chin being to the sacrum, I introduced the forceps along the ears at the sides of the pelvis ; but after several efforts, could not move the head lower or alter the chin so as to turn it to the groin or pubes.

I afterwards tried to open the head with the scissors at the os frontis, which presented at the pubes ; but the bones were so thick, that I could not make an opening sufficient to allow a discharge of the cerebrum.

All these different methods failing, I introduced the two curved crotchets, one on each side, which tore open the bones of the cranium ; then the contents were evacuated, the head was diminished, and the foetus delivered.

The gentleman told me afterwards, that although the woman had suffered so much from the length of the labour, and from the violence of the delivery, yet she recovered as if no such difficulty had happened.

CASE 286.—*Another of the same kind, in which the Face presented Chin to Sacrum ; failure to turn or use Forceps ; and the Child was also Delivered with the help of the Crotchets.*—A midwife, in the year 1747, sent from one of the courts at the Seven Dials for me, or one of my oldest pupils, to assist her in delivering a poor woman there,

As I was then engaged, Mr. Potter went ; and he finding the face of the child presenting, and the patient exhausted with the length of the labour, endeavoured to turn the child ; but not succeeding, he sent for Mr. Chapman, who had been longer with me ; he likewise attempted to turn the child and deliver with the forceps ; but failing in his endeavours, my assistance was required.

When I arrived at the house, the midwife told me that the woman had formerly easy labours ; and that she at first imagined the breech of the child presented, and had waited a long time till her patient's strength began to fail ; but at last she found her mistake, and that in place of the breech the head presented, and had stopped in that position for many hours ; on which account she had desired further assistance, to save the woman's life.

I found the face much swelled, and the chin to the left side of the os coccygis. In trying to raise the head, to give more room for introducing a blade of the forceps, I felt it so firmly locked that it was impossible to move it.

As I did not certainly know whether the child was dead, and being desirous to save it, if alive, I with some difficulty introduced one blade of the forceps over the left ear at the left groin, and the other at the right side of the pelvis of the woman and right ear of the child. After trying several times to deliver the head with that instrument in time of the weak pains, and not succeeding, and being afraid that the patient would lose her life if not soon relieved, I introduced the two curved crotchets, and delivered her in the same manner as in the former case.

The head was smaller and not stretched to so great a length ; it came easily out below the pubes, without my being obliged, in the extracting, to turn the chin below the share-bone.

The crotchets had made a large opening in each of the parietal bones near the vertex, which allowed the greatest part of the contents to evacuate, so that the head was diminished, and came along with less difficulty.

The woman complained afterwards of great pain, both at the sacrum and pubes, which seemed to proceed from overstraining the ligaments of these bones ; but by keeping her quiet, and promoting plentiful sweats, she at last recovered.

CASE 287.—*A laborious one; the Pelvis narrow, the Head large; Delivered with the Crotchet after Perforation and failure of Long Forceps.*—August, 1749, a midwife called me to a chairman's wife, who had been delivered four times by different gentlemen, who could not save any of the children.

On examining, I felt the head of the child above the brim of the pelvis, and kept forwards over the pubes by the jetting in of the upper part of the sacrum and the last vertebra of the loins, which formed a very acute angle.

Although the woman had been three days in strong labour, yet she seemed to be in no danger; and as she had got little sleep, I ordered her a draught with *Tinct. Thebaic.* gr. xx. and *Syr. e Meconio* ʒij. and desired she might be kept as still as possible.

Being called again next morning, I found the head advanced a little lower in the basin; but as her pains were still good, and as she had got little sleep with the former draught, I ordered the same to be repeated; and leaving one of my pupils with her, desired him and the midwife to send for me if they found it necessary.

They sent for me about eleven at night, giving me notice that the patient had slept every now and then betwixt the pains, which were strong; but as they were now abated, the woman much exhausted, and no hopes of the delivery, they thought my assistance was necessary.

Near half of the head was now squeezed down in a flat form at the distorted brim of the pelvis. By my encouraging the patient, and giving her some warm wine, her strength and spirits were recruited, and the pains grew stronger.

I attended several hours, in hopes that the head would advance lower, and that if not delivered with the pains, yet there might be a chance of saving the foetus with the

forceps ; for it would have been impossible to have brought it alive by turning in so narrow a pelvis.

Finding at last the woman and pains grew weaker, and that the head still continued in the same position, the patient also begging to be relieved, and calling upon me, if possible, to save the infant, I thought it would be cruel to delay my assistance longer ; and resolved to do all in my power to save the mother and the child also.

As she lay on her left side across the bed, I gradually stretched open the os externum, and introducing the fingers of my left hand along the left side of the sacrum, found the jetting in of the lower vertebra of the loins kept the bulk of the head forwards over the ossa pubis ; I perceived also the head was large and much ossified, and that the os frontis was to the left side of the pelvis.

Although I had small hopes of succeeding, yet I tried if the child possibly could be saved by delivering with the forceps, and first introduced the short kind : but the distortion of the pelvis prevented their taking a proper hold ; and when I attempted to extract, they slipped off the head ; then I introduced a longer pair that were bent to the side.

[The instrument here mentioned was the long double-curved forceps. Smellie's claim to its discovery has been considered at page 21 of Vol. I. It is worthy of note that the date of the foregoing case was August, 1749.]

As one of the ears was to the pubes, and the other above the projection of the distorted bones at the back part of the pelvis, I was obliged to fix one blade over the os frontis, and the other over the os occipitis, by which means I obtained a firm hold, as the bending of the forceps fitted the curvature of the sacrum ; but as the biggest part of the head was still above the brim of the pelvis, it was not in my power to move it down from that position.

Finding it was in vain to try this method longer, and being afraid lest the parts of the woman should be so bruised as to occasion a mortification, I withdrew the forceps, and resolved to use the last resource and most disagreeable method, to save her life.

As none of the sutures presented so as to enable me to make an opening through one of them, I was obliged, with a considerable force, to make a perforation with the scissors through one of the parietal bones, into which, having introduced two of my fingers and a crotchet, I endeavoured to deliver; but not having a sufficient hold, I withdrew the instrument.

Having introduced my hand at the right side of the pelvis, and the crotchet up betwixt my fingers and the child's head, I fixed the point on the occiput, which was so much ossified, that the instrument slipped, and could not penetrate so as to have a sufficient hold.

Recollecting, that as the forehead was to the left side, a perforation would be much easier made at the fontanel and sagittal suture, I introduced my fingers and curved crotchet, with the same precaution as before.

The last vertebra of the loins jetted in so much, that I was obliged to move the instrument more towards the pubes: the point turning a little to one side, I moved it again close to the head, to prevent its hurting the patient.

When I began to pull, the instrument began to slip, and the point again to alter, on which I advanced it much higher than before, and placed it right; then I began to extract first in a gentle manner, until I found there was a firm hold; afterwards, with much fatigue and force, I delivered the head; although not before the frontal, parietal, and occipital bones were extracted. In this operation I was obliged to alter the crotchet several times, and the last fixture of it that succeeded was on the lower jaw.

After resting a little, and not being able to deliver the body with my hands, I was obliged to take the assistance of the crotchet to diminish the bulk of the body also.

Mr. Chapman, and others of my pupils present, as well as myself, were surprised to find that the woman recovered so well, considering the length of the labour, and the force that had been used before she could be delivered.

CASE 288.—*A Delivery with the Crotchet ; Head and Arm presenting.* (Described in a letter from Mr. R. P—, dated W—, 6th Jan., 1741.)—

SIR,—According to your desire, I send an account of a late occurrence in the branch for which I am indebted to you for instructions. I hope you will favour me with an answer, and your opinion of the following case. About a fortnight ago, a poor woman, come to her full time of a second child, by accident received an ugly fall, which occasioned much uneasiness ; but no symptoms of labour appeared till yesterday about eight o'clock in the morning, when the membranes broke, and the waters discharged in great quantity.

At three in the afternoon the pains came on pretty fast ; the midwife was sent for ; and, as she says, finding things above her reach, sent in an hour after for an old practitioner, who lived in the neighbourhood, and who, upon the score of a little prospect of gain, sent away the messenger.

He came to me about six or seven ; I went with him ; it was about four or five miles distant ; I found, on examining, a large arm in the passage, and the head, which I thought also very big, presenting with the forehead side-wise, but turned a little towards the os pubis. The pains had entirely ceased ; I put her in a right position to try to turn the child ; with some little difficulty I introduced my hand to search for the feet, but found none near. My

hand was very strongly pressed with a prodigious stricture and compression of the parts ; however, I got to the groin, and found the legs and feet extended up in a straight line, so as I could not possibly reach them. I then returned to the head, and endeavoured to push it upwards ; but the pressure was so great against me, that I found it impracticable. I told them the difficulty, which the midwife likewise affirmed ; and being at a little pause, she proposed calling a neighbouring surgeon, who had some little knowledge that way. As I was a stranger, and newly begun to practise, I was glad to have one to consult with in this dangerous case.

When he came, I told him everything that had happened ; and, after examining, concluded that it was impossible to deliver by turning. We then agreed, as it was uncertain whether the child was dead or not, to try one blade of the forceps, which I passed up under the os pubis with some violence ; but receiving no advantage from this, I gave him the same to hold, and introduced a crotchet, as I thought, into the eye, but it proved to be the mouth ; and, at the time when he pressed the head from the os pubis, I extracted. My hold broke once or twice ; till at last, I suppose, fixing in the maxilla inferior, we succeeded in the attempt. Some little flooding had appeared all the while ; I forgot to mention, that when we came to the desperate work, and found the arm obstructed us much, I twisted the same off from the shoulder. No sign of life appeared in the child ; but it was very large. The woman was afterwards as well or better than could be expected.

The uterus, in the attempt to turn, felt as if it had lost its oval or round figure, and seemed as if it inclosed the foetus like a sheath. I was about an hour and a half with her ; the waters had been gone twelve or fourteen hours. This, sir, is a genuine account of a method I was very un-

willing to use, especially with a crotchet. Your answer will greatly add to my former obligations. *Query*.—Whether an attempt should not have been made immediately when the membranes broke?

The answer was much to the following purpose.

SIR,—No doubt, if you had been called in sooner, there would have been a greater probability that you could have turned the child, especially if all the waters did not come off at once; but if all the waters came off before the arm and head were locked close in the upper part of the pelvis to keep them up, the difficulty would have been as great at first as after. What you observe about the uterus is right; for when the child's head presents, and the breech and legs are extended up to the fundus, the uterus embraces the child like a long sheath, lying up and down in the abdomen; but when the child presents with any other part than the head, then it is more of a globular figure, and the child can be easier turned.

I think you acted very right in first making a trial to turn, and when you could not succeed, to try if one blade of the forceps would assist, especially when the arm was down; though I seldom find that one blade does much service, or is so certain a method as when both are applied. No doubt also, as you could not deliver, and the arm was so big as to hinder your operating, it was necessary to take it off. You do not mention if you opened the head before you extracted with the crotchet, because this always lessens its bigness, and allows it to come along with greater ease; but perhaps that was unnecessary after the arm was out of the way; and it is also probable that both blades of the forceps could not be applied before the limb was taken off.

CASE 289.—*Primipara; the Head of the Fœtus high in*

a Contracted Pelvis, and prematurely Delivered with the Crotchet after Failure by the Forceps and by Turning. (From Mr. J—, of L—, in a letter dated 1748.)—He was sent for to a woman who had been several hours in labour; and although she had strong pains, the head still stopped at the upper part of the pelvis, and did not advance.

After putting his patient in a proper position, he introduced both blades of the forceps; and having slipped them up on each side of the child's head, and locked the handles together, he began to pull along with a considerable force.

As the forehead lay to one side of the pelvis, he tried to turn it back to the sacrum; but it could not be moved, being so firmly fixed in the upper part of the pelvis.

This method not succeeding, he brought out the forceps, and resolved to turn the foetus, and deliver by extracting it by the feet.

This being the woman's first child, he found the os externum so rigid that it required many efforts during every pain, before it could be dilated; this being effected, he endeavoured to force with his hand the head of the child back into the uterus, so as to allow sufficient room to come at the feet.

After repeated trials, he could not with all his strength raise the head so as to pass his hand on one side of it; however, during these efforts, he found the last vertebra of the loins project more forwards than common.

In consequence of this observation he desisted; fearing, that if he should turn the child, it would be impossible to save it, on account of the great force it would require to bring the head through the narrow pelvis, exclusive of the risk the mother might run of a laceration of the uterus before the feet could be brought down.

Having fatigued both the woman and himself, he took some respite; then opening the head, introduced the

crotchet at the back part of the pelvis, and fixing it above the chin, as he perceived after the delivery, he tried to bring down the head; but by this purchase it was prevented, and forced against the upper part of the bones of the pubes.

Having withdrawn the instrument, he introduced it along the side of the pelvis, and moving it gently to the pubes, fixed the point on the side of the occiput; there finding a firm hold, he insinuated two fingers of his other hand into the opening; then pulling and exerting great force with both hands, he at last delivered the head; and the body followed with little difficulty.

The patient was strong, and behaved with great courage all the time, though she complained of great pain in the parts; she was not lacerated in the least, and recovered much sooner and better than he expected.

He observed, that the opening was through one of the bregmata; that his fingers, when introduced, were violently squeezed as the head came down; and desired my opinion of his management of this, as well as the other two cases he had sent me, which were more successful.

Answer to the above Letter.

SIR,—Your succeeding so well with the forceps in the two cases, where the heads of both children were come down to the lower part of the pelvis, I am afraid ran you into an error in trying them too soon in the last.

You write me, that the head was high in the pelvis; that it was the woman's first child; that she had only been several hours instead of days in labour; was strong, and had vigorous pains; and that although you supposed the pelvis was narrow, yet the head was brought along with the assistance of the crotchet; that the opening was small, and the body easily delivered.

All these circumstances plainly show, that you ought to

have waited with patience to observe what these good pains would have done; for if the pelvis is narrow, it takes a long time before the head can be moulded to its form, and squeezed through it; more especially in a first child, where the os uteri, vagina, and external parts are more rigid, and commonly take more time to dilate.

I am certain, when you attended me, in all the courses, I insisted much on the precaution necessary as to the management of natural and tedious labours; knowing from experience, that young practitioners are apter to err in these than in the preternatural; and I always begged them to attend every labour; as it was too common for the gentlemen to neglect coming, except in the preternatural, or where it was absolutely necessary to use instruments.

Besides, the attending with an old practitioner, where labours are lingering and doubtful, teaches us how long to allow them to go on without endangering the patient, and when it is absolutely necessary to give more effectual assistance. I assure you, I have been oftener puzzled in these than in any other; for, as in other parts of surgery, it requires more skill to prevent than to perform an operation.

CASES 290, 291.—*Two Cases Delivered with the Crotchet after trial of the Forceps; Arm and Head Presentations; Death of One Patient.* (Dated 30th of January, 1749, from Mr. J— at D—.)—I had the honour of attending your lectures in July and August, 1747. When I left London, you were so kind as to desire me to let you know if any particular case occurred to me in the practice of midwifery, or any in which I found any difficulty. I have met nothing new but two cases, in which I found a good deal of difficulty. The one was when the arm presented without the labia, the shoulder was pretty far advanced, and the head and feet were firmly locked high in the pelvis. The woman had been some days in labour; I endeavoured

all I could to get at the feet ; but it was not in my power. After opening the chest and abdomen, I was obliged to bring away the child double, which was pretty easily done, as the child had been some time dead. The woman recovered very well.

The other case was where the head was pretty far advanced into the hollow of the pelvis, but stuck at the shoulders above these bones. I did endeavour to deliver her with the forceps, having introduced them twice. They would not hold, which I thought was owing to the looseness of the bones of the skull. The child had been some time dead, and the woman long in labour, and in a low way. I delivered her with the crotchet. I told her friends, I did not think she could live till she was delivered ; but she lived for half an hour after.

CASE 292.—*The Head prematurely opened by a Practitioner.* (Mentioned in a letter from Messrs. B—and L—dated B—, 1751.)—SIR,—As we derive all our little knowledge in midwifery from you, we hope you will think we have a right to consult you in anything relative to it ; therefore have sent for your inspection, and our satisfaction or improvement, a case which happened at Sudbury last Friday or Saturday, attended with the following circumstances ; which we shall very fairly and justly relate, partly from the testimony of the midwife attending, who had delivered her before, and is in very good repute in these parts, and partly from our own common knowledge of the woman's appearance ; to wit, she is rather of a robust, strong constitution, large, straight, and seemingly quite well proportioned.

She was in labour about six or seven hours ; pains pretty severe, but not very frequent, nor any signs of flooding ; at which time she sends for one who pretends to practise midwifery (more from impatience and inclination than any

sort of necessity), who fancied, as soon as he came, that something must be immediately done, and therefore proceeded to show his inimitable dexterity by making the wound you now see, with a common pair of scissors, as soon as he could possibly reach the unhappy babe ; which came into the world a most shocking bleeding victim. As we can sincerely assure you, that we shall not attempt taking any advantage of this man's ignorance and barbarity, by a due course of law, we hope you will give us your opinion candidly and without reserve, as you have always done hitherto, whether you think the child might have been saved, or was treated according to the rules of art. We apprehend the child's face was to the mother's right ilium, and not very low down ; consequently, as Mr. Ould observes, we cannot see any material use this opening could be of ; as no crotchet was employed, the contents not evacuated, nor the opening large enough for the sutures to collapse much ; he at last bringing it along with only his fingers. Thus is this laborious case fairly and truly stated ; and we both hope, for our own satisfaction and improvement, to have your opinion whether we have made a right judgment. We are, with great respect,

Sir, yours, &c.,

M. B— and T. L—.

P.S.—Your opinion returned with the foetus as soon as possible will give great satisfaction to,

Sir, your humble servants.

The Answer.

GENTLEMEN,—I received yours with a box. After examining the child, and considering your letter, if the assertions are true that the midwife alleges, I cannot help thinking with you that the gentleman has been a little too hasty in the operation. The woman had been safely delivered before, at this time was strong, had strong pains,

only six hours in labour, the head when opened coming along only with the assistance of his fingers in the opening. These strong pains, without the cerebrum being discharged, or the head squeezed into a longish form, show plainly that they might have been sufficient for the delivery. The design of opening is to let out the contents, that the head may be diminished in its bulk when too large to pass; and if this had been the case, such an operation should not be attempted, unless the woman's pains and strength began to fail. I had a case yesterday, the woman very big with the first child; the labour began at four in the morning; she had strong pains, and was safely delivered of a large child about eight at night. The head stuck in the pelvis, was squeezed to a great length, but by the assistance of the forceps was saved. However, no practitioner can judge of these matters unless he has been present, because he can seldom rely on any accounts, and we ought always to judge on the charitable side, especially as none of us are perfect; and if this gentleman has acted imprudently, it should be a lesson for you and me to act in a contrary manner, which will always in the end turn to our advantage. The person that brought the box was to call next day; if not, you will write to me what is to be done with it, because it will soon spoil. Excuse this hurrying answer from,

Gentlemen, yours, &c.,

W. S.

The foetus these gentlemen sent me was as large as any I had seen, the opening at or near the vertex, and the head of a round globular figure; from which circumstances it appears that it had not been squeezed down into the pelvis, but lying above the brim; that the gentleman, either from great ignorance of his profession, or hurry of other business, which last is a most shocking reason, did certainly act the part of a bad accoucheur.

CASE 293.—*Difficult Labour; Prolapse of Cord; Face to Pubes; Failure of Forceps; Craniotomy.* (From Dr. W—, dated M—, 1750.)—He was called to a woman in labour of her tenth child; the membranes had been broken, and all the waters discharged many hours. The head of the child was advanced to the lower part of the pelvis, the forehead to the pubes, and the funis umbilicalis without the external parts, in which the circulation had been obstructed by the pressure of the head; a certain proof that the child was dead.

Having failed in this attempt to deliver with the forceps, he could not, with all his force, extract the head, even after he had opened it, until several bones of the cranium were tore out with the crotchet.

Having delivered the head, he was obliged to fix the blunt hook in the armpit to bring down the shoulders, and even after that, it required great force to deliver the abdomen, which was much swelled.

CASE 294.—*Contracted Pelvis; the Arm and Head of the Fætus presented; the last opened, and Delivered with the Forceps.* (From Mr. I—, dated F—, 1751).—He was called to a woman who had formerly been delivered of four children, none of which could be saved; she at this time had been long in labour.

On examining, he found the pelvis very narrow; the forehead, in place of the vertex, presented; the arm was also protruded through the labia. He waited a considerable time to try what the labour-pains would do with the usual assistance of the hand, that the child, if still alive, might be saved.

As the woman grew gradually weaker, and the pains had no effect, he made a large opening in the cranium; and by dint of considerable force, extracted the same with the forceps.

CASE 295.—*A dropsical Head opened, and Delivered with the assistance of the Hand, after Perforation.* (In a letter from Mr. H—, dated C—, 1751.)—The woman's pelvis being small, she had been delivered in a former labour with great difficulty; on which account, when he was called to attend at this time, he waited many hours, in hopes that the pains would force the head lower down into the pelvis.

At last, the patient, all of a sudden, was taken with frequent faintings; her strength failing, and the pains growing weaker, he was afraid of delaying his assistance too long.

As the head was too high to attempt assisting with the forceps, the pelvis too small, and the woman too weak to venture turning, he perforated and made a large opening in the cranium, from which issued a large quantity of bloody serum; after this discharge he, with the assistance of the weak pains, and his fingers in the opening, delivered the woman; and no bad consequence ensued.

CASE 296.—*Another from the above Gentleman, in the same letter; Primipara; the Delivery assisted with two Crotchets after unsuccessful attempts to Turn and to use the Forceps.*—He was called to a woman in labour of a first child. The midwife informed him, that the membranes had been broken and the patient in a lingering way for five days; but that she was now grown weak, and the pains, that had been strong, were entirely gone off.

As the head presented, he first tried to turn, and deliver in that manner; then he used the forceps. Both these attempts failing, he opened the head, introduced a crotchet with great caution, and brought out some of the bones of the cranium; at last he was obliged to introduce a curved crotchet on each side, which had the desired effect. After delivery, on examining the child's body, it plainly appeared

to have been dead many days ; for the belly was of a livid colour, and the scarf-skin stripped off in the handling.

CASE 297.—*The Face presented; Delivered with the Crotchet.* (In a letter from Mr. H—, dated B—, Essex, 1752.)—He informs me, that since the attending my courses of midwifery in London, he had been called to many cases in that branch of business, and was successful in all of them except the following, an account of which he now sent me.

The face of the child presented at the lower part of the pelvis, the forehead to the right ischium ; and the membranes had been broken several hours before his arrival.

He first endeavoured to push up the head so as to bring the child footling ; but it was so wedged in the bones that he could not move it. He next tried to deliver with the forceps ; which also disappointed his expectations ; at last he was driven to the dernier resource, that of diminishing the head.

As he could not perforate the bones of the face and forehead, to make an opening through these parts, he introduced a crotchet above the temporal bone ; and at length, after six hours' fatigue in trying these different ways, he delivered the patient.

He observes, that in time of operating, he several times called to mind an expression which he once heard me use, viz. That students should never think themselves perfect ; for after all the instruction that could possibly be conveyed, there were many things in midwifery which could only be learned by practice and observation ; and that cases would sometimes occur which would puzzle and foil the best practitioners.

As my correspondent mentions nothing of the strength of the woman and the force of the pains, I take it for granted, that he did not begin to operate, till there was no

hope of delivery by the efforts of nature, as the methods he used to effect delivery should never be attempted but in the last extremity.

What surprises me is the great length of time he was at work, and the fatigue he underwent before he could deliver the patient, unless he desisted a long time betwixt every trial, and only extracted in a slow manner and by intervals.

CASE 298.—*Difficult Labour ; failure of attempts at Turning and using Forceps ; Hæmorrhage ; Craniotomy.* (From Mr. B—, dated B—, 1744.)—SIR,—I was called to a woman who had been extremely hearty during her pregnancy, was indulged in eating even to excess, and was uncommonly big. When she was in labour, the midwife had promised a speedy delivery from nine in the morning till ten at night.

When called, I found the head presenting, and imagined in a good situation to assist with the forceps ; but after introducing them, I could not with all my strength move or deliver the head, neither could I push up my hand into the uterus to deliver the child by the feet.

I next tried to extract the head with a crotchet ; this proved unsuccessful also ; at last, after four hours' working to no purpose, and a flooding coming on, I perforated the skull and delivered the child, and the woman recovered.

I beg your remarks, and your opinion, if waiting in such a case would not have been dangerous for the woman. The child was very big, and weighed sixteen pounds.

The Answer was much to this purpose.

SIR,—After examining all the three cases you sent me, I doubt your success in them has been the occasion of your trusting too much to good fortune in the fourth, where you were obliged to deliver with the crotchet, which I am afraid proceeded from trying both to deliver with the

forceps and to turn the child before it was absolutely necessary. You do not describe the state of your patient when you were called. If she was much weakened and exhausted from the length of the labour, the pains lingering, and no hopes of delivery from them, you were in the right to try the first two methods to save the child; and after these, if the woman was in absolute danger of her life, you are excusable for having recourse to the last expedient.

When you found the head would not come along with the assistance of the crotchet, you should have opened it immediately, that the contents might be discharged and the head diminished. This would have saved the time and fatigue you mention.

I hope this unsuccessful attempt will be a caution against using the forceps too soon.

Attempts to turn the child with great force, when the head is engaged in the pelvis, and all the waters are discharged from the uterus, frequently loosen the placenta, and bring on a flooding, such as you describe.

CASE 299.—*Primipara; Narrow Pelvis; the Child extracted piece-meal.* (A case described in a letter from Mr. G. L—, dated S—, 1748.)—SIR,—I was called to a woman of fifty years of age, in labour of her first child, with a pelvis excessively narrow.

The patient had been long in labour, was very weak, and the pains had abated. After stretching the external parts, I could not introduce my hand through the bones of the pelvis; however, in this trial, I felt with my fingers that the head presented.

On opening the head, more than a quart of fetid serum was discharged. I then introduced two fingers, and along them a crotchet, and got a firm hold with the instrument on the os petrosum.

After having endeavoured, with all my force, to extract the head with both hands, one at the instrument, and the fingers of my other in the opening, I could not move it until I introduced another crotchet on the opposite part of the cranium; by pulling at both these instruments, some of the bones were loosened, and came away with the crotchets.

I then with the scissors cut in pieces the whole of the cranium, which, with two or three fingers, I extracted piece by piece; afterwards, by the assistance of the blunt hook, I brought down the shoulder, and separated it from the body. I was obliged in the same manner to extract every part of the child.

CASE 300.—*A distorted Pelvis; Head and Hand Presentation; the Head Delivered with the Crotchet.* (In a letter from a Practitioner in Midwifery, soon after I retired from business, dated London, September 25, 1759.)—SIR,—A young gentleman called me to a poor woman in St. Giles's, the 25th of last July, at eight o'clock at night, and informed me that he and some others had been sent for by a midwife about an hour before; that the woman had been several days in labour, and was seemingly much exhausted.

I went immediately with him to the place. The gentleman, as the hairy scalp was tumified, imagined that the breech presented; but, upon examination, I found it was the head with one of the hands, and I perceived the pelvis of the woman was very narrow.

She told me she had been delivered twice before by gentlemen, of dead children. Upon this information, and as she still had strength and frequent small pains, and complained that she had enjoyed no sleep for two nights before, I ordered her an opiate.

This precaution being taken, we left her to the care of the midwife, desiring the patient might be kept as still as possible, in hope she might get some rest.

We were again called early next morning, and found her quite worn out with the pains and want of sleep, and the head of the foetus not in the least advanced.

Being afraid, if I delayed the delivery longer, that a mortification might soon invade the parts of the woman, from the continued pressure of the child's head, I opened this last with the scissors, and enlarged the perforation. This being done, I introduced the curved crotchet within the skull, mounted with the sheath, to prevent the sharp points hurting the patient, if it should slip in pulling.

Having destroyed the structure of the cerebrum and cerebellum, that they might pass off so as to diminish the head, and finding I had a good hold in the inside with that instrument, I pulled with one hand at that, and with the fingers of the other in the opening, by which means I extracted both the parietal bones; but although I exerted all my strength, and a great part of the contents were discharged, yet the head was not moved an inch lower.

Failing in the above attempt, and finding I could not introduce my fingers to direct the sharp crotchet on the outside of the head, on account of the narrow pelvis, and the arms filling up the vagina, I was obliged to twist off the limb from the shoulder. This was pretty easily effected, as the child had been for some time dead, which plainly appeared from the skin stripping off from that member. After removing the arm, I even then with much difficulty introduced my fingers, and along them the crotchet, and got the point fixed above the chin; then pulling with great force, and with both hands, in the same manner as before, the head began to move down within the projection of the distorted bones; and I continued pulling it till it was entirely delivered.

The body followed without the use of the crotchet, but not without using great force. The distance, so far as I

could judge, did not exceed two inches and a half from the jetting forwards of the upper part of the sacrum to the pubes. Although the woman had suffered so much from the length of the labour, as well as from the great force used at the delivery, yet she recovered better than could have been expected, and is now quite well.

He also writes in the same letter, that he was called lately to a patient about forty years of age, in labour of her first child. The hymen shut up the passage into the vagina, and was ruptured by the head of the child, so that the patient had an easy delivery.

CASE 301.—*Difficult Labour ; premature and unsuccessful trial of Forceps ; Delivery by Scissors and Crotchets.*—A letter from a gentleman near London, dated 1st January, 1761, contains the history of a laborious case, in which he honestly owns he prematurely tried to deliver with the forceps ; but the head of the foetus being too high in a narrow pelvis, that method did not succeed ; he then administered an opiate to procure some rest and allay the violence of her pains, as she had been much fatigued. Being called on other business at some distance, he did not see her before the following day, when he found her much exhausted by the labour ; and being again called to another patient, he was afraid of her dying if he did not deliver the child before he went away. As the head was not advanced so as to promise any success from the forceps, he was obliged to use the disagreeable method of opening the cranium, through a large tumour of the hairy scalp ; after which, with the assistance of the blunt crotchet, he extracted the child, but with greater difficulty than he expected, as it was very large.

He takes occasion to lament the condition of poor women who live at a distance from assistance in the country, and the dismal situation of practitioners, who are seldom called

in time, and, even when properly called, prevented by a hurry of other business from giving that attendance. This is too frequently the occasion of tempting them to operate, before it is absolutely necessary; on which account, he says, he is resolved to attend none but patients whom he can deliberately attend, and leave such cruel methods to more obdurate practitioners in his neighbourhood.

He concludes his letter, congratulating me upon my happy retirement in old age, after a long course of successful practice, and expressing his satisfaction to hear that my time is employed in finishing the second volume of cases. He is pleased to say, that although the malevolence and envy of the ignorant, or self-interested, have cavilled, yet after ages will value my works, as standing monuments of the improvements in midwifery.

CASE 302.—*An account of the sides of the Os Uteri grown together in a Woman with Child, by Thomas Simpson, M.D., Professor of Medicine in the University of St. Andrew's; Craniotomy; Death of Patient.* (From the 'Medical Essays of Edinburgh,' vol. iii, art. 19.)—

[The Doctor Thomas Simpson (properly "Simson") here mentioned is the same alluded to in Case 213. He was Chandos Professor of Medicine and Anatomy in the University of St Andrew's, and the author of a small work entitled, "The System of the Womb, with a particular account of the Menses, independent of Plethora," Edinburgh, 1729. This treatise possessed no real merit. It contains some fanciful theories regarding menstruation, and an outline of the anatomy of the gravid uterus, and of the development of the ovum after impregnation.

This same Dr. Simson was the author of several papers in the volumes of the 'Edinburgh Medical Essays.' Those upon midwifery are as follows:—I. "Description of a new Pessary" (vol. iii, 315). I may just mention that the principle of this pessary was essentially the same as that of the instrument used in the present day under the name of Zwanck's pessary; but in all its mechanical details

it was far inferior to the latter. II. The case above quoted by Smellie, from vol. iii of the essays, p. 317. III. "Remarks concerning the Placenta, Cavities of the Uterus, and Ruysch's muscle in *fundo uteri*" (iv, 93) ; and IV. "Description of a Ring Scalpel for Assisting the Delivery of Women" (v, 445). This is delineated in Churchill's 'Researches on Operative Midwifery, plate xv, fig. 7. This was a most objectionable instrument, and never was adopted, so far as I am aware, by any accoucheur. It consisted of a ring, like a tailor's thimble, with a short blade projecting from the side, the cutting end of which blade was towards the palm of the hand when the ring was fixed on the ungual phalanx of the index finger of the operator. This ring scalpel was intended to supersede the perforating scissors, in the opening of the foetal head in craniotomy.]

A woman 40 years of age, observably narrow between the ossa pubis and os sacrum, had been four days in severe labour of her first child, when I was called to assist her. The child appearing to have been dead for some time, I opened its head, and extracted it, but with great difficulty ; its shoulders and haunches being too large to pass in the straitened passage between the bones. During some days after her delivery, she passed a great many small rugged stones by the urethra ; and at length, after her urine had been stopped some time, her husband drew out of the urethra a large piece of thick membranous substance, three inches in length, and in some parts two inches broad ; one side of it was covered with a crust of small sharp stones, the other side was inflamed and bloody, which made me judge it to be part of the coats of the bladder separated ; and I was confirmed in this opinion by introducing a catheter into the bladder ; for whenever it touched certain parts of the sides of the bladder, blood came with the urine. The patient continued a long time with a plentiful suppuration about the pudenda, but we did not suspect that the pus came from the internal parts, but only from the exterior, which had been somewhat lacerated.

About three months after delivery she fell again with child, and took her pains after the ordinary period. She continued two days in hard labour before I saw her. The midwife then informed me, that the inner orifice had yielded nothing; I left her half a day; and things remaining in the same way at my return, I examined her condition, and found that the os tinæ had not only not yielded, but that the sides of it were grown together, without any vestige of a passage; whereupon I asked the assistance of another physician; and Dr. Haddow being called, was, as well as the midwife, sensible of the case being such as I judged it to be; wherefore we agreed to make an incision into the os uteri; but we were first obliged to dilate the vagina sufficiently, that we might operate more securely. We had no *speculum matricis*, and therefore it was necessary to supply it by some other instruments. We tried to make the dilatation with a pair of long broad-bladed forceps; but they neither had strength to dilate sufficiently, nor did they keep the vagina equally open.

After this we caused two pieces of wood, each three inches long and two and a half broad, to be made, concave on one side, and convex on the other, and of no more thickness than we thought would be sufficient to be a strong enough pressure by the necessary dilatation. When these were finely polished and besmeared with grease, I introduced them into the vagina, with the concave faces to each other; then sliding in the legs of a *speculum oris* between them, and turning its screw, I separated the pieces of wood so far as we could see distinctly the cicatrix of the grown-together parts, and could have easy access to divide them; which I did by an incision at least half an inch deep, before I pierced through the substance of this part of the womb; then immediately introducing my finger at this wound, I touched the head of the child, and felt the whole circumference of the passage hard, like a cartilage, which

yielded nothing to several throes she had after the incision ; so that I was obliged to guide a narrow-bladed scalpel with my finger, to make several incisions into this cartilaginous ring ; in doing this, there was not the least appearance of blood, and the patient had no trouble, except what the dilatation of the vagina gave her.

The labour continuing, the passage dilated a little, but not so much as to give any hopes of its allowing the child's head to pass, notwithstanding the bones of the cranium were overlapped ; and therefore I was obliged to bring away the child as I had done the former.

In this birth there was no liquid with the child, nor did any blood follow it ; it was quite supple, and had a white chalky crust over its whole body ; so that we were convinced it had been dead some time. The want of waters was some surprise, till I recollected, that, in the time of labour, she told us they were passing ; at which time I had the curiosity to make strict observation, and found what she called the waters passed by the urethra, which opened externally by three different orifices ; this, with her having lost such a portion of the bladder formerly, and her being subject to the gravel, gave me ground to think there was some communication between these passages and the cavity of the womb above the os tinæ, which had allowed the waters to be evacuated. I was the more inclined to entertain this supposition, because frequent instances have been observed of stones making their way through the neighbouring parts, as happened to a boy in this neighbourhood, who passed a very large stone, which had lodged long in the bladder, by the anus, by which the urine had its course for some time after.

My patient, immediately after being put to bed, was seized with a pleuritic pain, very high fever, and difficult breathing ; which coming on so soon after her being

fatigued several days with hard labour, during which she slept none, but drank much of everything in her way, appeared to me rather the cause of her death in twenty-four hours after, than any consequence of the incision I had made, for she never complained of uneasiness in those parts, nor had any hæmorrhage. Notwithstanding all the solicitations I could use with her relations, I could not prevail with them to allow me to open her body.

[This was simply a case of *apparent* occlusion of the os uteri, from inflammatory agglutination after a prolonged and difficult labour. Cases of a kind similar to this have come under my observation, but in none of them was the obliteration of the cervical orifice so complete.

I now subjoin the history of a remarkable case in which there was an almost complete obstruction of the os uteri, although it was the patient's first labour only, and her age was twenty years. She was seized with labour-pains very early in the morning, and about 10 a.m. I was asked to see her, as the attendant was puzzled about the condition of the os uteri. The waters had come away in large quantity at 8 a.m., since when the pains had been strong and frequent. The foetal heart was distinct, and the head was pressing low into the pelvis, covered by a thick membrane in which no aperture could be felt.

When the finger was pushed up in front, and behind, it was arrested by a *cul-de-sac* formed by the vaginal wall being continued over the head of the foetus,—such at least was the sensation imparted to the finger of the examiner. Viewed through a speculum, this membrane had a red flesh colour, exactly resembling that of the vagina, but a shade deeper. Having put her under chloroform, I made a very careful ocular and digital examination of the part, which led to the discovery of a minute opening—so small that it would not admit the point of an ordinary probe, and I only detected it by the oozing of a few drops of reddish water. Guided by this aperture, however, I made a cautious incision, whereupon the scalp of the child was immediately brought into view; with a few more lateral incisions the opening was enlarged to the size of a penny, when the os uteri presented much the same

feel as in any ordinary primiparous case. The pains were now allowed to take their course; at 5 o'clock she got a dose of ergot to quicken the uterine action, and at 6 o'clock she was naturally delivered of a living child. On the second day she had an attack of metritis, for which she was leeches with good effect, and after this her convalescence progressed satisfactorily. On the ninth day I examined the os uteri with the finger and found it deeply fissured, but presenting no other unusual character.

I learned from this woman that menstruation began at the usual period, and was always regular (up to the time of her pregnancy), but that each period occupied a week and was attended with much pain. She was again confined thirteen months afterwards, under my care, and had a very good time.

I am disposed to think that the abnormal condition of the os uteri in this patient was congenital.]

(*Vide* Collect. XXXV, Cases 387, 389, 396; Collect. XL, Case 442;
Collect. XXXIX, Case 432.)

END OF VOL. II.





